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| **Reference no.:** | Click or tap here to enter text. |
| **File no.:** | Click or tap here to enter text. |

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| **COMPANY INFORMATION** | | | |
| **Registered company name:** | Click or tap here to enter text. | | |
| **Unique Entity Number (UEN):** | Click or tap here to enter text. | | |
| **Date of registration:** | Click or tap here to enter text. | | |
| **Primary SSIC:**  Attach latest ACRA search  (< 6 months from date of application) | Click or tap here to enter text. | **Secondary SSIC:** | Click or tap here to enter text. |
| **Group annual sales turnover:**  Attach latest audited financial statements (not more than 1 year ago) or other equivalent supporting documents | Click or tap here to enter text. | | |
| **Group employment size:** | Click or tap here to enter text. | | |
| **Attended ISCA RPA for Auditors course:**  Attach Certificate of Completion for 2 participants (not more than 1 year ago) | **Yes/No** | | |
| **Designation of course participants:**  (1 management and 1 staff) | Designation of Participant 1: Click or tap here to enter text.  Designation of Participant 2: Click or tap here to enter text. | | |

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| **CONTACT INFORMATION** | |
| **Correspondence address:** | Click or tap here to enter text. |
| **Same as registered address in ACRA:** | **Yes/No** |
| **Contact person & designation:** | Click or tap here to enter text. |
| **Contact person phone no.:** | Click or tap here to enter text. |
| **Contact person email:** | Click or tap here to enter text. |

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| **SHAREHOLDING INFORMATION** | | |
| **Name of shareholder(s)** | **Nationality of shareholder(s)** | **% share** |
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| **PROJECT DETAILS** | |
| **Reasons for undertaking the project:**  Please attach separate sheets, if necessary | Click or tap here to enter text. |
| **Please select area(s) to RPA and indicate required information for selected area(s):** | |
| **Audit**  **Please indicate number of Audit clients you have:** Click or tap here to enter text.   |  |  |  | | --- | --- | --- | | **Process(es) to be automated** | **Number of times process is done for 1 client in a year**  *E.g., 4 per client per year* | **Amount of time spent per client per year**  *E.g., 4 per client x 15 mins each time process is done* | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| **Corporate Secretarial**  **Please indicate number of Corporate Secretarial clients you have:** Click or tap here to enter text.   |  |  |  | | --- | --- | --- | | **Process(es) to be automated** | **Number of times process is done for 1 client in a year**  *E.g., 4 per client per year* | **Amount of time spent per client per year**  *E.g., 4 per client x 15 mins each time process is done* | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| **Tax**  **Please indicate number of Tax clients you have:** Click or tap here to enter text.   |  |  |  | | --- | --- | --- | | **Process(es) to be automated** | **Number of times process is done for 1 client in a year**  *E.g., 4 per client per year* | **Amount of time spent per client per year**  *E.g., 4 per client x 15 mins each time process is done* | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| **Accounting**  **Please indicate number of Accounting clients you have:** Click or tap here to enter text.   |  |  |  | | --- | --- | --- | | **Process(es) to be automated** | **Number of times process is done for 1 client in a year**  *E.g., 4 per client per year* | **Amount of time spent per client per year**  *E.g., 4 per client x 15 mins each time process is done* | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| **HR & Admin**  **Please indicate number of HR & Admin clients you have:** Click or tap here to enter text.   |  |  |  | | --- | --- | --- | | **Process(es) to be automated** | **Number of times process is done for 1 client in a year**  *E.g., 4 per client per year* | **Amount of time spent per client per year**  *E.g., 4 per client x 15 mins each time process is done* | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |

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| **Preferred project commencement date:** | Click or tap here to enter text. |

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| **SUBMISSION CHECKLIST** | |
|  | Latest ACRA Business Profile (not more than 6 months) |
|  | Latest audited financial statement or other equivalent support documents (not more than 1 year) |
|  | Certificate of Completion for RPA training course (2 participants; not more than 1 year) |

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| **DECLARATION BY APPLICANT** | |
| **I declare that the Applicant Company:** | |
|  | Primary or secondary SSIC remains as 692 |
|  | Group annual sales turnover is not more than S$100 million or Group employment size is not more than 200 workers |
|  | has at least 30% local shareholdings as at the project commencement date |
|  | is free from any litigation |
|  | has not applied, obtained or will be obtaining any other tax/financial incentives for the proposed project except as disclosed in this application |
|  | The facts stated in this application and the accompanying information are true and correct to the best of my knowledge and that I have not withheld/distorted any material facts. I understand that if I obtain the grant by false or misleading statements, I may be prosecuted under the Penal code and, in addition, the Accounting and Corporate Regulatory Authority (ACRA) may, at its discretion, withdraw the grant and recover immediately from my company any amount of the grant that may have been disbursed. |

Only the sole proprietor, partner or company director of the applicant company, as registered with ACRA or professional bodies, may sign this declaration. For entities without ACRA registration, the application form should be signed off by the CEO, President, Chairman or its equivalent authority.

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| Click or tap here to enter text.  **Signature** | Click or tap here to enter text.  **Date** |
| Click or tap here to enter text.  **Name (Please provide full name as per ACRA registration)** | Click or tap here to enter text.  **Designation** |

**For ACRA’s Internal Use**

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|  |  | Approve |  |
|  |  | Do not approve | Reasons: Click or tap here to enter text. |