

THE VARIABLE CAPITAL COMPANIES ACT  
(ACT 44 of 2018)  
("THE ACT")  
  
FORM OF APPLICATION FOR EXTENSION OF TIME UNDER  
SECTION 135(7) OF THE ACT<sup>1</sup>

FORM  
  
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Name of VCC.....  
Unique Entity Number (UEN): .....  
Date of the notice of transfer of registration issued under section 135(3) of the Act: .....  
Period of extension<sup>2</sup> requested – Start Date: ..... End Date: .....  
Reason for application for an extension of time<sup>3</sup> under section 135(7) of the Act:  
.....

Declaration (if application filed by Corporate Service Provider)

..... (Name of Professional Body/ Service Bureau/ Corporate Service Provider),  
..... (UEN) declare that the above information submitted is true and correct to the best  
of my knowledge. I am aware I may be liable to prosecution if I submit any false or misleading information in  
this form.

Name: .....  
NRIC/FIN/Passport No.: .....  
Signature: .....  
Date: .....

Declaration (If application filed by officer of VCC)

I, .....<<Name of lodger>>, .....<< NRIC/FIN/Passport No>>, officer of  
the VCC, declare that the above information submitted is true and correct to the best of my knowledge. I am aware  
I may be liable to prosecution if I submit any false or misleading information in this form.

Signature: .....  
Date: .....

<sup>1</sup> Please email the completed application form in PDF format to [RSD\\_application@acra.gov.sg](mailto:RSD_application@acra.gov.sg).  
<sup>2</sup> Each period of extension is 60 days. The Start Date of the period of extension requested for should be the next day (i.e. if  
the last day to submit the document is 31 Aug 2020, the next extension block start date should be 1 Sep 2020 and the End Date  
should be 31 Oct 2020)  
<sup>3</sup> Please attach documentary proof (if any) with the supporting reason for application for extension of time. Documentary  
proof should be scanned and added to this application form to form a single document. The document should be less than 5mb  
in size.

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Name of Lodger: ..... NRIC/FIN/Passport No.: .....

Local Contact No.....Email Address: .....

Signature: ..... Date of Submission: .....

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**For Official Use Only**

Accepted by: \_\_\_\_\_

(Name of Officer)

Receipt No. : \_\_\_\_\_ Date: \_\_\_\_\_

Updated by: \_\_\_\_\_

(Name of Officer, Date)