

PERSONAL PARTICULARS UPDATE FORM

This form may take you 5 minutes to fill in:
You will need the following information to fill in the form:

- Student's Admission Number
- Course Name & Level of Study

A INSTRUCTIONS

- 1) You are required to complete **Section A** of this form.
- 2) Please tick the relevant boxes and email the completed form to studentservices@tp.edu.sg.
- 3) Attach relevant supporting documents for Section B, where applicable.
- 4) Personal data like addresses/contact numbers in Section C & D should be updated through the **TP Oei Mobile App (Student Info Update System)** unless assistance is required.

Name		Admission Number	
Course		Level of Study	
Signature		Date	

B CHANGE OF PERSONAL PARTICULARS (STUDENT)

			# Supporting Documents Required
<input type="checkbox"/>	New Name		NRIC or Deed Poll / Passport (for foreign students)
<input type="checkbox"/>	New NRIC / Passport Number		NRIC / Passport
<input type="checkbox"/>	New Citizenship		NRIC or Passport / Citizenship Certificate
	NRIC Type		
	<input type="checkbox"/> For change in citizenship to Singapore PR	Nationality _____	NRIC / Passport
<input type="checkbox"/>	For change in citizenship from Singapore Citizen or Singapore PR to other foreign citizenship	Foreign Identification Number (FIN) _____	Student Pass
<input type="checkbox"/>	Other Changes (Please specify)		Submit relevant supporting documents

C CHANGE OF PERSONAL PARTICULARS (STUDENT)

<input type="checkbox"/>	New Residential Address in Singapore				
		Postal Code:			
<input type="checkbox"/>	New Contact Numbers / Email	Mobile		Home	
		Email			
<input type="checkbox"/>	For Foreign Students Only				
<input type="checkbox"/>	Address (Home Country)				
<input type="checkbox"/>	Contact Number (Home Country)				

D CHANGE OF PERSONAL PARTICULARS (NEXT-OF-KIN)			
Name			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse
<i>Tick if applicable</i>		<input type="checkbox"/> Formal Correspondence	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> New Address			
			Postal Code:
<input type="checkbox"/> New Contact Numbers / Email	Mobile		Office
	Home		Email
<input type="checkbox"/> Other Changes (<i>Please specify</i>)			

E FOR OFFICIAL USE ONLY			
Updated By (<i>Name & Signature</i>)		Date	
Verified By (<i>Name & Signature</i>)		Date	