

PERSONAL PARTICULARS UPDATE FORM FOR FULL-TIME COURSES

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 submit the completed form to Student Services .			
3) Attach relevant supporting documents where applicable. Originals are to be produced for verification at Student Services.			
4) Personal data and addresses/contact numbers should be updated through the TP website -> Visitors -> a Current Student -> Student Information Updates 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	Pink / Blue / Others (Please circle where applicable)	
	<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
Tick if applicable		<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 (Name & Signature)			Date	
Verified By (Name & Signature)			Date	