ANNEX D TO

GOM 402-07-03

DATED 14 NOV 2019

DECLARATION OF DEFAULT ON REPAYMENT OF LOANS, CREDIT FACILITIES OR LIABILITIES FOR THREE CONSECUTIVE MONTHS (incurred on and after 1 Jan 2019)

**Part (I) - To Be Completed By The Serviceman**

|  |  |
| --- | --- |
| Name: | NRIC No.: |

1. Please provide details in **Table D-1** below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of loan/credit facility/liability****(e.g. credit card debts, study loan, housing loan)** | **Date of loan/credit facility/liability** | **Duration of default****(in months)** | **Principal loan/credit facility/liability****(S$)** | **Current loan/credit facility/liability (including principal amount, interest charges and late fees)** **(S$)** | **Name of institution** | **Remarks** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Please complete the applicable section.

**SECTION A** (To be completed when first appointed to service; or when re-employed into service)

I have read and completed the above and thereby declare that I \*have/have not defaulted on the repayment of any loan, credit facility or liability for the past three consecutive months.

**SECTION B** (To be completed annually in January)

I have read and completed the above and thereby declare that from 1 Jan \_\_\_\_\_ to 31 Dec \_\_\_\_\_, I \*have/have not defaulted on the repayment of any loan, credit facility or liability for the past three consecutive months.

**SECTION C** (To be completed anytime when a MINDEF/SAF serviceman has defaulted on the repayment of any loan, credit facility or liability for three consecutive months)

I have read and completed the above form and thereby declare that I have defaulted on the repayment of any loan, credit facility or liability for the past three consecutive months.

\*Delete as applicable.

I have carefully read GOM 402-07-03 on “Declaration of Financial Indebtedness” (or IM2L on “Borrowing and Lending of Money” and “Financial Embarrassment” for civilians) and ascertain that all information declared is accurate and complete in all aspects. I understand that I may be subject to disciplinary action if my declaration is not in accordance with the aforementioned guidelines.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

**Part (II) - To Be Completed By The Vetting Officer**

I have read through and vetted the declaration details, and certified that the declaration is in order.

Rank/Name/Appointment/Unit:

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 Signature Date