



LEGAL AID BUREAU

APPLICATION FOR INSTALMENT PAYMENT PLAN

Date of Request : _____
Case Reference No : _____
Name of Applicant : _____
NRIC No. : _____
Contact No. : _____
Email Address : _____
Signature : _____

1) Request

A) Please "tick" one of the required instalment periods:

2 months	<input type="checkbox"/>
3 months	<input type="checkbox"/>
4 months	<input type="checkbox"/>
5 months	<input type="checkbox"/>

NOTE: Only up to a maximum of 5 instalments is allowed

Please state reasons: _____

B) Date to commence payment of 1st instalment: _____

NOTE: Please ensure that you make payment of 1st instalment based on the date you have stated above.

2) Received by Counter Staff Name: _____ Signature: _____



Legal Aid Bureau
45 Maxwell Road | #07-11 The URA Centre (East Wing)
Singapore 069118
T 1800 2255 529 | F 6325 1402
<https://lab.mlaw.gov.sg>
For enquiries, please fill in the enquiry form at
<https://www.mlaw.gov.sg/>

3) Action by Finance Officer

Action taken in GENIE

Signature : _____

Name : _____

Date : _____

Letter sent to Applicant on : _____



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