

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

PRACTICE DIRECTIONS

AMENDMENT NO. 2 OF 2017

It is hereby notified for general information that, with effect from 1st April 2017, the State Courts Practice Directions will be amended as follows:

- (a) the following new Part XX (consisting of the new Practice Direction 142) will be inserted immediately after the existing Practice Direction 141; and

New Part XX

- (b) the following new Forms will be inserted immediately after the existing Form 64 in Appendix A:

New Forms 65 to 98 of Appendix A

2. The Employment Claims Tribunals, established under the Employment Claims Act 2016 (Act No. 21 of 2016) (“the Act”), will begin to hear cases as from 1st April 2017. The new Part XX (consisting of the new Practice Direction 142) prescribes the new Forms 65 to 98 of Appendix A that are to be used for the purposes of any proceedings under Part 3 of the Act, and every application to a District Court under section 7(2) or (4) of the Act.

Dated this 31st day of March 2017.



JENNIFER MARIE
REGISTRAR
STATE COURTS

PART XX: EMPLOYMENT CLAIMS

142. Forms for proceedings under Part 3 and applications to a District Court under section 7(2) or 7(4) of the Employment Claims Act 2016

- (1) The Employment Claims Tribunals, established under the Employment Claims Act 2016 (Act No. 21 of 2016), will begin to hear cases under the Act as from 1st April 2017.
- (2) Forms 65 to 98 of Appendix A are the forms to be used for the purposes of any proceedings under Part 3 of the Act, and every application to a District Court under section 7(2) or (4) of the Act.
- (3) Parties to any such proceedings may use the appropriate forms as follows:

Purpose	Form	Relevant rule in the Employment Claims Rules 2017
Claim	65	8(1)
Response	66	10(1)(a)
Counterclaim	67	11(1)
Declaration of service	68	9(2), 10(3), 11(3), 14(4), 22(4)
Notice of withdrawal/discontinuance (before service)	69	15(1), 15(3)
Notice of withdrawal/discontinuance (after service, and at any stage of proceedings)	70	15(2)(a), 15(4)(a), 15(7), 15(8), 36(1)
Notice of Case Management Conference	71	17(3)
Notice of hearing before tribunal	72	18(b)
Application for an authorised representative	73	19
Summons to a witness	74	21(1)
Application to set aside decision, direction or order given in absence of party	75	23(2)(a)
Response to application to set aside decision, direction or order given in absence of party	76	23(5)
Application to correct order of tribunal	77	50(1)
Response to application to correct order of tribunal	78	50(3)
Notice of appeal to tribunal against decision, direction or order of Registrar	79	24(2)

Leave to appeal to High Court against order of tribunal (made to District Court)	80	25(1)
Response to application for leave to appeal to High Court against order of tribunal (made to District Court)	81	25(5)
Notice of appeal to High Court	82	26(1)
Directions to Accountant-General for payment into Court	83	28(1)(a)
Notice of payment into Court	84	28(1)
Certificate for security for costs	85	28(1)(b)
Application for refund of security for costs where appeal is deemed withdrawn	86	28(5)
Appellant's / Respondent's case	87	30(1)(a), 31(4)(a)
Notice of transmission of record of appeal	88	32(6)
Application for stay of execution pending appeal	89	33
Application for registration of settlement agreement	90	39(1)(a)
Notice of registration of settlement agreement	91	39(2)
Application to renew registration of settlement agreement	92	40(3)(a)
Application to set aside registration of settlement agreement	93	41(1)(a)
Notice of hearing of application to set aside registration of settlement agreement	94	41(3)(a)
Request for hearing dates or further hearing dates	95	45(2)
Request to search, inspect, and take copies	96	7
General application	97	-
General response	98	-

Form 65

EMPLOYMENT CLAIMS TRIBUNALS

Claim No. []
(Seal)

Between

{(Name of Claimant)}.....Claimant

NRIC / Fin No. / UEN No.

And

{(Name of Respondent)}.....Respondent

NRIC / Fin No. / UEN No.

Registrar
Employment Claims Tribunals

CLAIM

**IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.
READ THE EXPLANATORY NOTE BELOW BEFORE COMPLETING IT.
It is an offence to give information or to produce any document to the Employment Claims
Tribunals which you know or believe to be false.**

Part A – Particulars of Claimant and Respondent

Claimant's Particulars *delete accordingly			
Status: <input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> Others (please specify): _____			
Individual / Company name*		Contact number	
NRIC / FIN / UEN number*		Email	
Individual / Company address*		Company contact person (if applicable)	

Respondent's Particulars *delete accordingly			
Status: <input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> Others (please specify): _____			
Individual / Company name*		Contact number	

NRIC / FIN / UEN number*		Email	
Individual / Company address*		Company contact person (if applicable)	

Employment Details of Employee	
Marital status	
Occupation	
Occupational group	<input type="checkbox"/> Professionals, Managers and Executives (PME) <input type="checkbox"/> Non-PME
Employment type	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Contract <input type="checkbox"/> Others
Start date of employment (DD / MM / YYYY)	
End date of employment (DD / MM / YYYY) (if applicable)	
Basic salary per month / day / hour*	S\$
Total monthly fixed allowance <i>e.g. fixed food or housing allowances</i>	S\$
Total monthly variable payment <i>e.g. bonus or commission (average over 6 months or the duration of employment whichever is less)</i>	S\$
Written employment contract or Key Employment Terms (KETs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment status	<input type="checkbox"/> In employment <input type="checkbox"/> Dismissed <input type="checkbox"/> Resigned

Part B – Particulars of Claim

- I am claiming as an *employee / employer under section 12(2)(a) / (b) / (c) of the Employment Claims Act against the respondent based on the claim referral certificate attached.
- The particulars of my claim are as follows: *(please provide details of your claim)*

Types of Employment Dispute				
Nature of specified employment dispute	Date on which amount alleged to be payable began to be payable	Date on which amount alleged to be payable ceased to be payable	Length of period during which amount alleged to be payable accrued	Amount alleged to be payable
<i>e.g. overtime pay</i>	<i>1 Dec 2016</i>	<i>31 Jan 2017</i>	<i>20 hours</i>	<i>\$500</i>

3. I wish to claim the following remedies (*please tick the relevant box / boxes*):

- a tribunal order for the sum of \$ [] to be paid by the respondent to me.
- a tribunal order requiring the respondent to pay costs of these proceedings.

4. I attach the following evidence in support of my claim (*please tick the relevant box / boxes*):

- Employment contract
- Timesheet(s)
- Pay slip(s)
- Bank statements
- Document(s) (*please specify what documents*):
[]
- Other evidence (including video recordings, audio recordings, electronic documents or other records) (*please specify what other evidence*):
[]

5. My claim for this amount relating to a specified employment dispute as stated in the claim referral certificate *is / is not pending in, and *has / has not been heard and determined by any other court or an Industrial Arbitration Court.

6. I *have / have not made representations in writing under section 14(2) of the Employment Act (Cap. 91) to the Minister mentioned in that provision.

7. I *have / have not referred any question under section 84(2) of the Employment Act to the Minister mentioned in that provision.

8. I *have / have not made representations in writing under section 35(3) of the Industrial Relations Act (Cap. 136) to the Minister mentioned in that provision; and

9. I *have / have not made representations in writing under section 8(1) of the Retirement and Re-employment Act (Cap. 274A) to the Minister mentioned in that provision.

Part C – Confirmation of Contents

1. I declare that the information that I have provided in this claim and the supporting evidence is true and correct.

2. I am aware that I am liable to prosecution if I have provided in this claim and the supporting evidence information which I know or have reason to believe is false.

Dated this [] day of [], 20[]

[Signature of claimant]

[Name of claimant]

EXPLANATORY NOTE TO THE CLAIMANT

IMPORTANT: You must provide the full name of the respondent and his / her address. Please fill in all the fields in the form. An incomplete form and / or incomplete supporting evidence will delay the processing of your application.

1. You may lodge a Claim in the Employment Claims Tribunals against your employer or employee if the Claim is supported by a claim referral certificate issued in respect of every specified employment dispute for which the claim is lodged. Please attach a copy of the claim referral certificate together with your Claim.
2. You must include in your Claim all supporting evidence (including documents, photographs, video recordings, audio recordings, electronic evidence etc.) to prove the matters which are stated in your Claim. If you are submitting video or audio recordings, you must provide them in CD-ROM and also provide relevant transcripts. Any evidence that is not in English must be translated into English by a certified translator before submission
3. The fee for filing a Claim is **\$30.00** for claims not more than \$10,000 or **\$60.00** for claims more than \$10,000.

BRIEF PROCEDURE FOR LODGING A CLAIM

4. After filing your Claim, you must serve a copy of the Claim on the respondent within 7 days.
5. You must file a Declaration of Service within 4 weeks after the date of filing your Claim or before the time of the first Case Management Conference, whichever is earlier. The date, time and place of the first Case Management Conference will be provided to you.
6. You must attend the Case Management Conference on the date, time and place which will be given to you. If you fail to attend the Case Management Conference, the Registrar or tribunal may proceed with the Case Management Conference in your absence and may make such orders as the Registrar or tribunal thinks fit, including dismissing your Claim.

FURTHER INFORMATION

Ministry of Manpower website: www.mom.gov.sg

State Courts website: www.statecourts.gov.sg

EXPLANATORY NOTE TO THE RESPONDENT

1. A Claim has been filed against you. A respondent who wishes to contest the Claim must file a Response and include all supporting evidence (including documents, photographs, video recordings, audio recordings, electronic evidence etc.) to prove the matters which are stated. If you are submitting video or audio recordings, you must provide them in CD-ROM and also provide relevant transcripts. Any evidence that is not in English must be translated into English by a certified translator before submission.
2. All responses are to be submitted using **Form 66**.
3. The fee for filing a Response is **\$30.00** for claims not more than \$10,000 or **\$60.00** for claims more than \$10,000.

BRIEF PROCEDURE FOR FILING A RESPONSE

4. You have 7 days after the date on which you are served the Claim to file a Response to contest the Claim against you and serve it on the claimant.
5. You must file a Declaration of Service within 4 weeks after the date of filing your Response or before the time of the next Case Management Conference, whichever is earlier. The date, time and place of the Case Management Conference will be provided to you.
6. You must attend the Case Management Conference on the date, time and place which will be given to you. If you fail to attend the Case Management Conference, the Registrar or tribunal may proceed with the Case Management Conference in your absence and may make such orders as the Registrar or tribunal thinks fit, including making an order against you.

FURTHER INFORMATION

Ministry of Manpower website: www.mom.gov.sg

State Courts website: www.statecourts.gov.sg

3. I attach the following evidence in support of my response:

- Document(s) *(please specify what documents):*
| |
- Photograph(s)
- Other evidence (including video recordings, audio recordings, electronic documents or other records) *(please specify what other evidence):*
| |

Part C – Confirmation of Contents

- 1. I declare that the information that I have provided in this response and supporting evidence is true and correct.
- 2. I am aware that I am liable to prosecution if I have provided in this response and the supporting evidence information which I know or have reason to believe is false.

Dated this | | day of | |, 20| |

[Signature of respondent]

[Name of respondent]

(*delete as appropriate)

EXPLANATORY NOTE TO THE RESPONDENT

IMPORTANT: Please fill in all the fields in the form. An incomplete form and / or incomplete supporting evidence will delay the processing of your submission.

1. A Claim lodged against a respondent in the Employment Claims Tribunals must be supported by a claim referral certificate issued in respect of every specified employment dispute for which the claim is lodged.
2. A respondent who wishes to contest the Claim must file a Response in this form and include all supporting evidence (including documents, photographs, video recordings, audio recordings, electronic evidence etc.) to prove the matters which are stated. If you are submitting video or audio recordings, you must provide them in CD-ROM and also provide relevant transcripts. Any evidence that is not in English must be translated into English by a certified translator before submission.
3. The fee for filing a Response is **\$30.00** for claims not more than \$10,000, or **\$60.00** for claims more than \$10,000.
4. A respondent may lodge a Counterclaim against the claimant if the respondent wishes to bring his or her (or its) own claim against the claimant.

BRIEF PROCEDURE FOR FILING A RESPONSE

5. You have 7 days after the date on which you are served the Claim to file a Response to contest the Claim against you and serve it on the claimant.
6. You must file a Declaration of Service within 4 weeks after the date of filing your Response and, in any event, before the next Case Management Conference. The date, time and place of the Case Management Conference will be provided to you.
7. You must attend the Case Management Conference on the date, time and place which will be given to you. If you fail to attend the Case Management Conference, the Registrar or tribunal may proceed with the Case Management Conference in your absence and may make such orders as the Registrar or tribunal thinks fit, including making an order against you.

FURTHER INFORMATION

Ministry of Manpower website: www.mom.gov.sg

State Courts website: www.statecourts.gov.sg

Form 67

EMPLOYMENT CLAIMS TRIBUNALS

Counterclaim No. []
(Seal)

Between

[*(Name of Counterclaimant)*].....*Counterclaimant*

NRIC / Fin No. / UEN No.

And

[*(Name of Respondent)*].....*Respondent*

NRIC / Fin No. / UEN No.

Registrar
Employment Claims Tribunals

COUNTERCLAIM

**IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.
READ THE EXPLANATORY NOTE BELOW BEFORE COMPLETING IT.
It is an offence to give information or to produce any document to the Employment Claims
Tribunals which you know or believe to be false.**

Part A – Particulars of Counterclaimant

1. My particulars are as follows:

- (a) Name: []
- (b) NRIC No. (for Singapore citizen / Singapore Permanent Resident) / No., type and country of issue of foreign identification document / foreign identification number (FIN) (for foreign citizen) / UEN No.: []
- (c) Address: []
- (d) Telephone No.: []
- (e) E-mail Address (optional): []
- (f) Fax No. (if available): []

Part B – Particulars of Counterclaim

- 1. A claim based on the claim referral certificate attached in Claim No. [] of 20[] has been lodged against me and I wish to lodge a counterclaim on the following grounds (*please specify*):
[]

2. The particulars of my counterclaim are as follows: *(please provide details of your counterclaim)*

Types of Employment Dispute				
Nature of specified employment dispute	Date on which amount alleged to be payable began to be payable	Date on which amount alleged to be payable ceased to be payable	Length of period during which amount alleged to be payable accrued	Amount alleged to be payable
<i>e.g. overtime pay</i>	<i>1 Dec 2016</i>	<i>31 Jan 2017</i>	<i>20 hours</i>	<i>\$500</i>

3. I wish to claim the following remedies *(please tick the relevant box / boxes)*:

- a tribunal order for the sum of \$ _____ to be paid by the respondent to me.
 a tribunal order requiring the respondent to pay costs of these proceedings.

4. I attach the following evidence in support of my application *(please specify)*:

- Employment contract
 Timesheet(s)
 Pay slip(s)
 Bank statements
 Document(s) *(please specify what documents)*: _____
 Other evidence (including video recordings, audio recordings, electronic documents or other records) *(please specify what other evidence)*: _____

5. My claim for this amount relating to a specified employment dispute as stated in the claim referral certificate *is / is not pending in, and *has / has not been heard and determined by any other court or an Industrial Arbitration Court.

6. I *have / have not made representations in writing under section 14(2) of the Employment Act (Cap. 91) to the Minister mentioned in that provision.

7. I *have / have not referred any question under section 84(2) of the Employment Act to the Minister mentioned in that provision.

8. I *have / have not made representations in writing under section 35(3) of the Industrial Relations Act (Cap. 136) to the Minister mentioned in that provision; and

9. I *have / have not made representations in writing under section 8(1) of the Retirement and Re-employment Act (Cap. 274A) to the Minister mentioned in that provision.

Confirmation of Contents

1. I declare that the information that I have provided in this counterclaim and supporting evidence is true and correct.
2. I am aware that I am liable to prosecution if I have provided in this document and the supporting evidence information which I know or have reason to believe is false.

Dated this [] day of [], 20[]

[Signature of counterclaimant]

[Name of counterclaimant]

(*delete as appropriate)

EXPLANATORY NOTE TO THE COUNTERCLAIMANT

IMPORTANT: You must provide the full name of the claimant and his / her address. Please fill in all the fields in the form. An incomplete form and / or incomplete supporting evidence will delay the processing of your application.

1. You may, if you have a claim against the claimant, file a Counterclaim against the claimant.
2. You must include in your Counterclaim all supporting evidence (including documents, photographs, video recordings, audio recordings, electronic evidence etc.) to prove the matters which are stated in your Counterclaim. If you are submitting video or audio recordings, you must provide them in CD-ROM and also provide relevant transcripts. Any evidence that is not in English must be translated into English by a certified translator before submission.
3. The fee for filing a Counterclaim is **\$30.00** for claims not more than \$10,000 or **\$60.00** for claims more than \$10,000.

BRIEF PROCEDURE FOR LODGING A COUNTERCLAIM

4. After filing your Counterclaim, you must serve a copy of the Counterclaim on the claimant within 7 days.
5. You must file a Declaration of Service within 4 weeks after the date of filing your Counterclaim or before the time of the next Case Management Conference, whichever is earlier. The date, time and place of the first Case Management Conference will be provided to you.
6. You must attend the Case Management Conference on the date, time and place which will be given to you. If you fail to attend the Case Management Conference, the Registrar or tribunal may proceed with the Case Management Conference in your absence and may make such orders as the Registrar or tribunal thinks fit, including dismissing your Counterclaim.

FURTHER INFORMATION

Ministry of Manpower website: www.mom.gov.sg

State Courts website: www.statecourts.gov.sg

Form 68

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. [] []

*Application No. [] []

Between

(Name of Claimant / Counterclaimant).....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

DECLARATION OF SERVICE

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.
It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

I, [name], [NRIC No. / Fin No. / UEN No.], the [*claimant / respondent / counterclaimant / applicant] in these proceedings, declare that I did on the [] day of [month] [year] at [time] serve the [*claim / response / counterclaim / amended claim / application / (state other document)] on [name of party] by:

- delivering it to that person at his last known place of residence (*please specify address*):
| |
- sending it by registered post to the party's last known place of residence or business in an envelope addressed to the person (*please specify address*):
| |
- delivering it to the director, manager, secretary or other like officer of the body of persons or body corporate at its registered office or principal place of business (*please specify address*):
| |
- sending it by registered post addressed to the body of persons or body corporate at its registered office or principal place of business (*please specify address*):
| |
- any other manner as directed by the tribunal or Registrar (*please specify method*):
| |

Confirmation of Contents

1. I declare that the information that I have provided in this declaration is true and correct.
2. I am aware that I am liable to prosecution if I have provided in this document and the supporting evidence information which I know or have reason to believe is false.

Dated this [] day of [], 20[]

[Signature of *claimant / counterclaimant / respondent / applicant]

[Name of *claimant / counterclaimant / respondent / applicant]

(*delete as appropriate)

Form 69

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. | |

Between

(Name of Claimant / Counterclaimant).....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

NOTICE OF DISCONTINUANCE / WITHDRAWAL (BEFORE SERVICE)

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.
It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

1. I am the [*claimant / respondent] in this case.
2. I wholly [discontinue the *claim / counterclaim against the *respondent / claimant] OR [withdraw my response to the *claim / counterclaim] OR [withdraw the following specified employment dispute(s)]: | |
3. The reasons for discontinuing the *claim / counterclaim are:
 - The *claimant / respondent has paid the amount claimed.
 - I have made a private settlement agreement with the *claimant / respondent.
 - I do not wish to pursue the *claim / counterclaim / specified employment dispute further.
 - Other reasons (please specify): | |

Dated this | | day of | |, 20| |

[Signature of *claimant / counterclaimant / respondent]

[Name of *claimant / counterclaimant / respondent]

(*delete as appropriate)

Form 70

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. | |

Between

(Name of Claimant / Counterclaimant).....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

NOTICE OF DISCONTINUANCE / WITHDRAWAL (AFTER SERVICE)

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.
It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

1. I am the [*claimant / counterclaimant / respondent] in this case.
2. I wholly [discontinue the *claim / counterclaim against the *respondent / claimant] OR [withdraw my response to the *claim / counterclaim] OR [withdraw the following specified employment dispute]: |
3. The reasons for discontinuing the *claim / counterclaim are:
 - The *claimant / respondent has paid the amount claimed.
 - I have made a private settlement agreement with the *claimant / respondent
 - I do not wish to pursue the claim / counterclaim / specified employment dispute further.
 - Other reasons (please specify): |

Dated this | | day of | |, 20| |

[Signature of *claimant / counterclaimant / respondent]

[Name of *claimant / counterclaimant / respondent]

*I consent to the above application.

[Signature of other party]

Name of other party |

(*delete as appropriate)

(*delete as appropriate)

FOR OFFICIAL USE ONLY

Received On:

Approved

Not Approved

*Registrar / Tribunal
Employment Claims Tribunals*

Form 71

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. []

Application No. []

Between

(Name of Claimant / Counterclaimant).....*Claimant / Counterclaimant*

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....*Respondent*

NRIC / Fin No. / UEN No.

NOTICE OF CASE MANAGEMENT CONFERENCE

To the *Claimant / Counterclaimant and the Respondent:

Take notice that you are required to attend before the *Registrar / tribunal for a Case Management Conference for the above claim(s) on [[date]] at [[place]] at [[time]].

And take notice that if you do not appear at the Case Management Conference, the *Registrar / tribunal may proceed with the Case Management Conference in your absence and may make such orders as the *Registrar / tribunal thinks fit, including dismissing the claim or entering judgment on the claim.

Dated this [] day of [], 20[]

Registrar
Employment Claims Tribunals

*(*delete as appropriate)*

Form 72

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. | |

Between

(Name of Claimant / Counterclaimant).....*Claimant / Counterclaimant*

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....*Respondent*

NRIC / Fin No. / UEN No.

NOTICE OF HEARING BEFORE TRIBUNAL

To the *Claimant / Counterclaimant and the Respondent:

Take notice that you are required to attend before the tribunal for the hearing of the above *claim / counterclaim on *[[date]]* at *[[place]]* at *[[time]]*.

And take notice that if you do not appear at the hearing, the tribunal may proceed with the hearing in your absence and may make such orders as the tribunal thinks fit, including dismissing the claim or entering judgment on the claim.

Dated this | | day of | |, 20| |

Registrar
Employment Claims Tribunals

*(*delete as appropriate)*

Form 73

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. | |
Application No. | |

Between

(Name of Applicant).....*Applicant*

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....*Respondent*

NRIC / Fin No. / UEN No.

APPLICATION FOR AN AUTHORISED REPRESENTATIVE

**IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.
READ THE EXPLANATORY NOTE BELOW BEFORE COMPLETING IT.
It is an offence to give information or to produce any document to the Employment Claims
Tribunals which you know or believe to be false.**

Name of Applicant:	
NRIC / ID / UEN No.:	
Type of application: Tick (✓) where applicable	<input type="checkbox"/> For a member of the union (Ordinary Branch ¹) to be represented by the union. <input type="checkbox"/> For a party below the age of 18 years old to be represented by a parent or guardian. <input type="checkbox"/> For a person who is unable to present his own case by reason of illiteracy or infirmity of mind or body, to be represented by any other person who is authorised by him in writing.
Name of Proposed Representative:	
NRIC / FIN No. of Proposed Representative:	
<u>Declaration</u> I declare that the proposed representative is not an advocate and solicitor, or an agent whether paid or otherwise, and has sufficient knowledge of the case and is authorised to bind the represented party in the proceedings.	

Dated this | | day of | |, 20| |

¹ Ordinary Branch members can have their union represent them for wage negotiations and workplace issues.

[Signature of applicant]

[Name of applicant]

This form requires sealing by the Court and the signature of the Registrar / Tribunal.

(*delete as appropriate)

FOR OFFICIAL USE ONLY	
Received On:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

*Registrar / Tribunal
Employment Claims Tribunals*

EXPLANATORY NOTE TO THE APPLICANT

1. Please attach copies of supporting document(s) to support your application and copies of identification documents (e.g. NRIC, passport) of both the party and the proposed representative.
2. The original, signed application and the copies of the supporting document(s) must be handed in at the Case Management Conference or hearing that the intended representative is to attend. The outcome of the application will be decided at the said Case Management Conference and / or hearing.
3. The filing of an application is not an automatic confirmation that the proposed representative can proceed to represent the party. Where appropriate, or when ordered by the Registrar or the Tribunal, both the intended representative and the party (who is being represented) are to attend. If the party is unable to attend, full reasons must be provided, together with copies of any supporting document(s).
4. This application is to be made only if the party is UNABLE for the reason(s) stated, to present the case. An application should not be tendered simply because it is felt or thought that the representative is better at presenting the case, or knows the facts or situation better than the party.
5. The authorised representative cannot be an advocate or solicitor, or an agent whether paid or otherwise, and must have sufficient knowledge of the case and be authorised to bind the party by what he does or says at the proceedings.

Form 74

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. | |

Between

(Name of Claimant / Counterclaimant).....*Claimant / Counterclaimant*

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....*Respondent*

NRIC / Fin No. / UEN No.

SUMMONS TO A WITNESS

To: (Name of person) of (Official address)

You are ordered to attend at:

Hearing date / time:

Venue:

Before: Tribunal Magistrate (*Name of Tribunal Magistrate*)

Mode of attendance:

In person.

and so from day to day until the end of the above proceedings.

Purpose of attendance:

- (1) To give evidence at the hearing where you shall be examined and cross-examined.
- (2) To produce *any document, record or thing which is relevant in any proceedings / the following specified documents at the hearing: (*Specify the documents to be produced*).

Dated this | | day of | |, 20

(*delete as appropriate)

This form requires sealing by the Court and the signature of the Registrar / Tribunal.

*Registrar / Tribunal
Employment Claims Tribunals*

Form 75

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. []

Application No. []

Between

(Name of Applicant).....Applicant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

APPLICATION TO SET ASIDE

DECISION, DIRECTION OR ORDER GIVEN IN ABSENCE OF PARTY

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

1. I am the [*claimant / counterclaimant / respondent] in this case.
2. I wish to apply to set aside the following [decision / direction / order] that was made against me by the [*Registrar / tribunal] on [[date]] in my absence:

Date of [*decision / direction / order]: []
Reference no. of [*decision / direction / order]: []
3. I was not present at the [*Case Management Conference / hearing] on the abovementioned date because (please provide details for your reasons): []
4. I attach the following evidence in support of my application (please specify): []

Confirmation of Contents

1. I declare that the information that I have provided in this application and supporting evidence is true and correct.
2. I am aware that I am liable to prosecution if I have provided in this document and the supporting evidence, information which I know or have reason to believe is false.

Dated this [] day of [], 20[]

[Signature of applicant]

[Name of applicant]

(*delete as appropriate)

#This form requires sealing by the Court and the signature of the Registrar / Tribunal.

*Registrar / Tribunal
Employment Claims Tribunals*

Form 76

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. []
Application No. []

Between

{(Name of Claimant / Counterclaimant)}.....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

{(Name of Respondent)}.....Respondent

NRIC / Fin No. / UEN No.

RESPONSE TO APPLICATION TO SET ASIDE

DECISION, DIRECTION OR ORDER GIVEN IN ABSENCE OF PARTY

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

1. The applicant has lodged an application to set aside the following [*decision / direction / order] that was made by the [*Registrar / Tribunal]:

Date of [*decision / direction / order]: []

Reference no. of [*decision / direction / order]: []

2. I am opposing the application for the following reasons (*please provide details for your reasons*): []
3. I attach the following evidence in support of my response (*please specify*): []

Confirmation of Contents

1. I declare that the information that I have provided in this response and the supporting evidence is true and correct.
2. I am aware that I am liable to prosecution if I have provided in this response and the supporting evidence information which I know or have reason to believe is false.

Dated this [] day of [], 20[]

[Signature of respondent]

[Name of respondent]

(*delete as appropriate)

Form 77

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. [] []

*Application No. [] []

Between

(Name of Applicant).....Applicant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

APPLICATION TO CORRECT ORDER OF TRIBUNAL

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

1. I, [] bearing Identification Number [], the *claimant / counterclaimant / respondent in Case No. [], am applying to correct the following order of the tribunal:

Date of [*decision / direction / order]: []

Reference no. of [*decision / direction / order]: []

2. The reasons for my application are: []

3. I enclose the following documents in support of my application: []

4. I declare that the information that I have provided in this application and the supporting documents is true and correct.

5. I am aware that I am liable to prosecution if I have provided in this application and the supporting documents any information which I know or have reason to believe is false.

Dated this [] day of [], 20[]

[Signature of applicant]

[Name of applicant]

(*delete as appropriate)

This form requires sealing by the Court and the signature of the Registrar / Tribunal.

Registrar / Tribunal
Employment Claims Tribunals

Form 78

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. []

Application No. []

Between

(Name of Applicant).....Applicant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

RESPONSE TO APPLICATION TO CORRECT ORDER OF TRIBUNAL

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

1. The applicant has lodged an application to correct the order of tribunal:-

Date of [*decision / direction / order]: []

Reference no. of [*decision / direction / order]: []

2. I wish to oppose the application for the following reasons: []

3. I enclose the following documents in support of my response: []

4. I declare that the information that I have provided in this response and the supporting documents is true and correct.

5. I am aware that I am liable to prosecution if I have provided in this response and the supporting documents any information which I know or have reason to believe is false.

Dated this [] day of [], 20[]

[Signature of respondent]

[Name of respondent]

(*delete as appropriate)

3. The grounds in support of this appeal are as follows:- |

Dated this | | day of | |, 20

[Signature of appellant]

[Name of appellant]

(*delete as appropriate)

This form requires sealing by the Court and the signature of the Registrar.

Registrar
Employment Claims Tribunals

- The claim is outside the jurisdiction of the tribunal in that (state the reasons):

Part B – Confirmation of Contents

1. I declare that the information that I have provided in this application is true and correct.
2. I am aware that I am liable to prosecution if I have provided in this application any information which I know or have reason to believe is false.

Dated this [] day of [], 20[]

[Signature of applicant]

[Name of applicant]

(*delete as appropriate)

This form requires sealing by the Court and the signature of the District Judge.

*District Judge
State Courts*

Form 81

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

*Claim / Counterclaim No. []

*Application No. []

Between

(Name of Applicant).....Applicant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

**RESPONSE TO APPLICATION FOR LEAVE TO APPEAL UNDER SECTION 23(2) OF
EMPLOYMENT CLAIMS ACT**

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

Part A – Particulars of Response

1. The applicant has lodged an application for leave to appeal to the High Court against the following order of the Employment Claims Tribunals:

Date of order: []

Reference no. of [*decision / direction / order]: []

2. I am opposing the application for the following reasons (*please provide details for your reasons*): _____

Part B – Confirmation of Contents

1. I declare that the information that I have provided in this response is true and correct.
2. I am aware that I am liable to prosecution if I have provided in this response information which I know or have reason to believe is false.

Dated this [] day of [], 20[]

[Signature of respondent]

[Name of respondent]

(*delete as appropriate)

Form 82

Employment Claims Appeal No. []

Between

(Name of Appellant).....Appellant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

In the matter of Claim / Counterclaim No. []

Between

(Name of Claimant / Counterclaimant).....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

NOTICE OF APPEAL TO THE HIGH COURT

IMPORTANT: THIS FORM MUST BE TYPE WRITTEN

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

To:

1. The Registrar of the Supreme Court
2. [Name of other party]

Take notice that an appeal has been filed by the above-named appellant to the High Court.

The appeal is against the following [order] of the Tribunal Magistrate [name] given on [date] on the grounds that there is a question of law involved / the claim was outside the jurisdiction of the tribunal* as follows:

Dated this [] day of [], 20[]

[Signature of *appellant / respondent]

[Name of *appellant / respondent]

(*delete as appropriate)

This form requires sealing by the Court and the signature of the Registrar.

Registrar
Employment Claims Tribunals

Form 83

DIRECTION NO. _____ **OF** _____

Employment Claims Appeal No. []

Between

(Name of Appellant).....Appellant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

In the matter of Claim / Counterclaim No. []

Between

(Name of Claimant / Counterclaimant).....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

DIRECTIONS TO ACCOUNTANT-GENERAL

LEDGER ACCOUNT AS ABOVE

The Accountant-General Singapore, is hereby directed to receive the sum of \$500.00 as security for the respondent's cost of the appeal to the above action.

Dated this [] day of [], 20[]

*Registrar
Employment Claims Tribunals*

Form 84

Employment Claims Appeal No. []

Between

(Name of Appellant).....Appellant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

In the matter of Claim / Counterclaim No. []

Between

(Name of Claimant / Counterclaimant).....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

NOTICE OF PAYMENT INTO COURT

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

To:

1. The Registrar, Employment Claim Tribunals
2. [*The Respondent / Solicitors for the Respondent]

TAKE NOTICE that the appellant has paid the sum of Dollars Five Hundred (\$500.00) by way of security of the respondent's costs of the appeal with the Accountant-General, Singapore.

Dated this [] day of [], 20[]

(*delete as appropriate)

**Appellant/Solicitors for the
Appellant*

Form 85

Employment Claims Appeal No. []

Between

(Name of Appellant).....Appellant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

In the matter of Claim / Counterclaim No. []

Between

(Name of Claimant / Counterclaimant).....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

CERTIFICATE FOR SECURITY FOR COSTS

This is to certify that the above-named appellant has deposited the sum of \$[amount] (*please specify amount paid*) by way of security for the respondent's costs of the appeal with [the Accountant-General].

Dated this [] day of [], 20[]

*Registrar
Employment Claims Tribunals*

Form 86

Employment Claims Appeal No. []
Application No. []
Of 20 []

Between

(Name of Claimant / Counterclaimant).....*Claimant / Counterclaimant*

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....*Respondent*

NRIC / Fin No. / UEN No.

APPLICATION FOR AN ORDER FOR THE REFUND OF SECURITY FOR COSTS

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

To:

1. The Registrar, Employment Claims Tribunals
2. [Name of Respondent]

1. I am the appellant in [Case No.]
2. I wish to apply for an order for the sum of S\$ [] which had been deposited as security for the respondent's costs in the appeal to be paid out to (*state name of payee*) [], at the following bank account (*state bank account details*) [].
3. Enclosed herewith is a true copy of the certificate for security for costs dated (*state date*).
4. I believe the appeal is deemed to be withdrawn (*please tick*):
 - because the appellant's case was not filed within the time specified in the Employment Claims Rules ("**Rules**").
 - because no respondent's case was filed in the appeal, and the record of appeal was not filed and served by the appellant in accordance with the Rules.
 - because no record of appeal was filed by either the appellant or the respondent after the filing of the respondent's case in the appeal.
5. (*Where applicable*) I have been unable to obtain the respondent's written consent for payment of the security for costs to me because: (*to state reasons, if any*): []

Signature of applicant

If on behalf of a company / organisation, please state the following:

Name:

Designation:

Telephone:

Fax:

(Where applicable)

I consent to the payment of the security for costs to the applicant.

Signature of respondent

If on behalf of a company / organisation, please state the following:

Name:

Designation:

Telephone:

Fax:

This form requires sealing by the Court and the signature of the Registrar / Tribunal.

*(*delete as appropriate)*

FOR OFFICIAL USE ONLY	
Received On:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

*Registrar / Tribunal
Employment Claims Tribunals*

Form 87

Employment Claims Appeal No. []

Between

(Name of Appellant).....Appellant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

In the matter of Claim / Counterclaim No. []

Between

(Name of Claimant / Counterclaimant).....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No

APPELLANT'S / RESPONDENT'S CASE

Appellant

(Address and contact no. of appellant)

Respondent

(Address and contact no. of respondent)

Dated this [] day of [], 20[]

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

Table of Contents

S / N.	DESCRIPTIONS	PAGE NO.
1.	[The reasons that a question of law is involved / the claim was outside the jurisdiction of the tribunal* (<i>delete where appropriate</i>) OR The reasons that a question of law is not involved / the claim was within the jurisdiction of the tribunal* (<i>delete where appropriate</i>)	
2.	[Appellant's or respondent's authorities in support]	

Form 88

Employment Claims Appeal No. []

Between

(Name of Appellant).....Appellant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

In the matter of Claim / Counterclaim No. []

Between

(Name of Claimant / Counterclaimant).....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

NOTICE OF FILING RECORD OF APPEAL, ETC TO THE HIGH COURT

To the Appellant and the Respondent:

Take notice that the record of appeal has been this day sent to the Registrar, Supreme Court.

Dated this [] day of [], 20[]

*Registrar
Employment Claims Tribunals*

Form 89

Employment Claims Appeal No. []

Between

(Name of Appellant).....Appellant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

In the matter of Claim / Counterclaim No. []

Between

(Name of Claimant / Counterclaimant).....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

APPLICATION FOR STAY OF EXECUTION

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

Take Notice that the *claimant / counterclaimant / respondent intends to apply to a District Court / High Court at [] a.m. / p.m. on the [] day of [] 20[], for a stay of execution of the order of the tribunal dated the [] day of [] 20[] on the ground(s) that: *(state grounds)* []

Dated this [] day of [], 20[]

[Signature of *claimant / counterclaimant / respondent]

[Name of *claimant / counterclaimant / respondent]

To: *Claimant / Counterclaimant / Respondent

(*delete as appropriate)

This form requires sealing by the Court and the signature of the Registrar / Tribunal.

Registrar / Tribunal
Employment Claims Tribunals

Form 90

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

Application No. []

Between

(Name of Applicant),.....*Applicant*

NRIC / Fin No. / UEN No.

And

(Name of Respondent),.....*Respondent*

NRIC / Fin No. / UEN No.

APPLICATION FOR REGISTRATION OF SETTLEMENT AGREEMENT

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

Part A – Particulars of Applicant

1. My particulars are as follows:

(a) Name: []

(b) NRIC No. (for Singapore citizen / Singapore Permanent Resident) / No., type and country of issue of foreign identification document / foreign identification number (FIN) (for foreign citizen) / UEN No.: []

(c) Address: []

(d) Telephone No.: []

(e) E-mail Address (optional): []

(f) Fax No. (if available): []

2. I wish to apply to register the settlement agreement that was entered into by the respondent and me on [date].

3. I attach herewith the true copy of the settlement agreement certified by an approved mediator.

Confirmation of Contents

1. I declare that the information that I have provided in this application and supporting evidence is true and correct.

2. I am aware that I am liable to prosecution if I have provided in this document and the supporting evidence information which I know or have reason to believe is false.

Dated this | | day of | |, 20| |

[Signature of applicant]

[Name of applicant]

This form requires sealing by the Court and the signature of the Registrar of the State Courts.

*Registrar
State Courts*

FOR OFFICIAL USE ONLY	
Received On:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

*District Judge
State Courts*

Form 91

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

Application No. []

Between

[(Name of Applicant)].....Applicant

NRIC / Fin No. / UEN No.

And

[(Name of Respondent)].....Respondent

NRIC / Fin No. / UEN No.

NOTICE OF REGISTRATION OF SETTLEMENT AGREEMENT

To the Applicant:

1. Take notice that the settlement agreement that was entered into between parties on *[(date)]* has been registered by the District Court on *[(date)]* as *[Registration No.]*.
2. Enclosed herewith is a copy of the registered settlement agreement for your records.
3. Take notice that the registration of the settlement agreement is valid for a period of 3 years beginning on the date of the registration.

Dated this [] day of [], 20

*(*delete as appropriate)*

This form requires sealing by the Court and the signature of the Registrar of the State Courts.

*Registrar
State Courts*

Form 92

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

Application No. | |

Between

(Name of Applicant),.....*Applicant*

NRIC / Fin No. / UEN No.

And

(Name of Respondent),.....*Respondent*

NRIC / Fin No. / UEN No.

APPLICATION TO RENEW REGISTRATION OF SETTLEMENT AGREEMENT

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

1. I am applying to renew the registration of the settlement agreement that was entered into by [respondent] and me on [date], and which was registered by the District Court on [date] as [Registration No.], for a period of 3 years (or state lesser period) starting from [date]. Enclosed herewith is a copy of the Notice of Registration dated [date].

Confirmation of Contents

1. I declare that the information that I have provided in this application and supporting evidence is true and correct.
2. I am aware that I am liable to prosecution if I have provided in this document and the supporting evidence information which I know or have reason to believe is false.

Dated this | | day of | |, 20| |

[Signature of applicant]

[Name of applicant]

This form requires sealing by the Court and the signature of the Registrar of the State Courts.

*Registrar
State Courts*

FOR OFFICIAL USE ONLY

Received On:

Approved

Not Approved

*District Judge
State Courts*

Form 93

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

Application No. []

Between

(Name of Applicant),.....*Applicant*

NRIC / Fin No. / UEN No.

And

(Name of Respondent),.....*Respondent*

NRIC / Fin No. / UEN No.

APPLICATION TO SET ASIDE REGISTRATION OF SETTLEMENT AGREEMENT

IMPORTANT: THIS FORM MUST BE TYPE-WRITTEN.

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

Part A – Particulars of Applicant

1. My particulars are as follows:

- (a) Name: []
- (b) NRIC No. (for Singapore citizen / Singapore Permanent Resident) / No., type and country of issue of foreign identification document / foreign identification number (FIN) (for foreign citizen): []
- (c) Address: []
- (d) Telephone No.: []
- (e) E-mail Address (optional): []
- (f) Fax No. (if available): []

2. I wish to apply to set aside the registration of the settlement agreement (*state registration number*) on the following grounds:

- the settlement agreement is void or voidable because of incapacity, fraud, misrepresentation, duress, coercion, mistake or any other ground for invalidating a contract;
- the settlement agreement includes subject matter that does not relate to a specified employment dispute;
- any term of the settlement agreement is not capable of enforcement as an order made by a District Court; or
- the registration of the settlement agreement is contrary to public policy.

3. The reason(s) for my application is / are (*delete as appropriate) as follows: *(please provide details):*

| |

4. I attach the following evidence in support of my application *(please specify):*

| |

Confirmation of Contents

1. I declare that the information that I have provided in this application and supporting evidence is true and correct.
2. I am aware that I am liable to prosecution if I have provided in this document and the supporting evidence information which I know or have reason to believe is false.

Dated this | | day of | |, 20| |

[Signature of applicant]

[Name of applicant]

*(*delete as appropriate)*

This form requires sealing by the Court and the signature of the Registrar of the State Courts.

*Registrar
State Courts*

Form 94

IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE

Application No. []

Between

(Name of Applicant).....Applicant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

NOTICE OF HEARING

To the Applicant and the Respondent:

1. This notice is issued in relation to the application made by the [applicant] to set aside the registration of the settlement agreement entered into between the parties (*state registration number*).
2. Take notice that you are required to attend before the District Judge for the hearing of the application to set aside the registration of the settlement agreement on [date] at [place] at [time].
3. And take notice that if you do not appear at the hearing, the District Judge may proceed with the hearing in your absence and may make such orders as the District Judge thinks fit, including setting aside the registration of the settlement agreement, or upholding the registration of the same.

Dated this [] day of [], 20[]

(*delete as appropriate)

This form requires sealing by the Court and the signature of the Registrar of the State Courts.

*Registrar
State Courts*

Form 95

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. [] []

*Application No. [] []

Between

(Name of Applicant).....Applicant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

REQUEST FOR HEARING DATES / FURTHER HEARING DATES

To: The Registrar,

I request for the matter to be fixed for *hearing / further hearing before the Tribunal.

Number of *hearing / further hearing days requested: days

Number of hearing days previously expended: days

Hearing fees payable:

Issued by:

Dated this [] day of [], 20[]

[Signature of applicant]

[Name of applicant]

(*delete as appropriate)

Form 96

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. []

Between

{(Name of Claimant / Counterclaimant)}.....Claimant / Counterclaimant

NRIC / Fin No. / UEN No.

And

{(Name of Respondent)}.....Respondent

NRIC / Fin No. / UEN No.

REQUEST TO SEARCH / INSPECT / FOR COPIES OF DOCUMENTS

The Registrar,

Please allow me to Search / Inspect* the file.

Take a copy / certified copy* of the following document(s): _____

Reason for request

Signature of applicant : _____

Name of applicant : _____

Applicant's NRIC / Fin No. / UEN No. : _____

Address : _____

Telephone / HP : _____

Date : _____

*Please delete accordingly.

NOTES

- This form may be used to apply for any of the following requests, with the corresponding fee depending on the nature of your request:

Request Type	Cost
Request to take a certified copy of the record, excluding order of tribunal	\$8 per document plus \$5 per page
Request to search or inspect the record.	\$20
Request for a second or subsequent copy of an order of the tribunal	\$10
Request to search the register of settlement agreements	\$20
Request for a copy of a settlement agreement	\$10
Request for a second or subsequent copy of a settlement agreement	\$5 per doc plus 15 cents per page

- Court file inspection is limited to **30 minutes** only.
- Inspection hours are from **9 am – 12 pm** and **2.30 pm – 4.30 pm** from **Monday to Friday only**.

FOR INTERNAL USE ONLY

Decision on Request: **APPROVED / REJECTED**

Reason for Decision: *(Mandatory for Rejection)*

.....
Registrar

Employment Claims Tribunals

Form 97

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. [] []

*Application No. [] []

Between

(Name of Applicant).....Applicant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

GENERAL APPLICATION FORM

IMPORTANT: THIS FORM MUST BE TYPE WRITTEN

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

1. I, [], bearing Identification Number [], the *claimant / respondent in Case No. [], am applying for []
2. The reasons for my application are: []
3. I enclose the following documents in support of my application: []
4. I declare that the information that I have provided in this application and the supporting documents is true and correct.
5. I am aware that I am liable to prosecution if I have provided in this application and the supporting documents any information which I know or have reason to believe is false.

Dated this [] day of [], 20[]

[Signature of applicant]

[Name of applicant]

(*delete as appropriate)

#This form requires sealing by the Court and the signature of the Registrar / Tribunal.

Registrar / Tribunal
Employment Claims Tribunals

Form 98

EMPLOYMENT CLAIMS TRIBUNALS

*Claim / Counterclaim No. | |

*Application No. | |

Between

(Name of Claimant).....Claimant

NRIC / Fin No. / UEN No.

And

(Name of Respondent).....Respondent

NRIC / Fin No. / UEN No.

GENERAL RESPONSE FORM

IMPORTANT: THIS FORM MUST BE TYPE WRITTEN

It is an offence to give information or to produce any document to the Employment Claims Tribunals which you know or believe to be false.

1. I, | |, bearing Identification Number | |, am the *claimant / respondent in Case No. | |, am objecting to / responding to the *claimant / respondent's application in Application No. | |.
2. I object to the application on the following grounds: | |
3. I enclose the following documents in support of my response: | |
4. I declare that the information that I have provided in this response and the supporting documents is true and correct.
5. I am aware that I am liable to prosecution if I have provided in this application and the supporting documents any information which I know or have reason to believe is false.

Dated this | | day of | |, 20| |

[Signature of respondent]

[Name of respondent]

(*delete as appropriate)