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| **IN THE STATE COURTS OF THE REPUBLIC OF SINGAPORE** | | |
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| PHC/OSS. of 20  In the matter of an application under section [15A/15B/15C/15D/15E/16A/16B/16AA/16BA]\* of the Protection from Harassment Act.  and  In the matter of (*name of subject of relevant statement*)…..*Applicant*  and  In the matter of [*Court Order No.*] | | |
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| **AFFIDAVIT** | | |
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| I, (*name of person making application*), do make oath (or affirm) and say that the statements contained in the document exhibited and marked “A” are true. | | |
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| \*Sworn / Affirmed by­ )  )  this day of )  At Singapore \*through the interpretation of )  )  Before Me    A Commissioner for Oaths | | |

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| This is the exhibit marked  “A”  Referred to in the Affidavit of  (name of Applicant)  Affirmed on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_ 20\_\_\_  Before me  A Commissioner for Oaths |

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| **INFORMATION IN SUPPORT OF APPLICATION** |
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| **Part A — Particulars of person making application** |
| 1. My particulars are as follows: |
| (*a*) Name: |
| (*b*) NRIC No. (for Singapore citizen) or No., type and country of issue of foreign identification document (for foreign citizen): |
| (*c*) Address for service: |
| 2. I am deposing this affidavit in my [own capacity/capacity as (*state capacity*)]\*: |
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| **Part B — Information in support of application** |
| \*3. I am applying for an order that the order under section [15A/15B/15C/15D/15E/16A/16B/16AA/16BA]\* of the Protection from Harassment Act made on (*date*) be varied as follows: |
| \*4. I am applying for an order that the order under section [15A/15B/15C/15D/15E/16A/16B/16AA/16BA]\* of the Protection from Harassment Act made on (*date*) be [suspended for a period of                      beginning on (*date*)/cancelled]\*. |
| 5. The reasons for my application are as follows: [*specify details for reasons*] |
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| **Part C — Confirmation of Contents** |
| 6. I confirm that to the best of my knowledge, information and belief, the information contained in this document is true. |
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| [*Signature of person making application*] |
| Name of person making application: |
| Date: |
| \*Delete where inapplicable. |