



**NOTIFICATION OF CHANGE IN RESPONSIBLE PERSON (RP)¹ OF
SPECIAL DEVELOPMENT (SD) AND SPECIAL INFRASTRUCTURE (SI)
UNDER THE INFRASTRUCTURE PROTECTION ACT 2017 (IPA)**

Instructions to Note:

1. For a transfer of the whole ownership of the SD/SI (where the RP(s) is/are the owner(s)), the original RP (i.e. the RP immediately before the effective date of the change) or an authorised representative of the RP (only if the RP is a corporate entity or Government agency), will need to fill in this form.
2. For a partial sale/partial acquisition of ownership in the SD/SI (where the RP(s) is/are the owner(s)), the RP(s) (i.e. any party with an ownership in the SD/SI) or authorised representatives of the RPs (only if the RP is a corporate entity or Government agency) will need to fill in this form on the effective date.
3. For a change in occupation of the SI (where the RP(s) is/are the occupier(s)), the original RP (i.e. the RP immediately before the effective date of the change)) or an authorised representative of the RP (only if the RP is a corporate entity or Government agency), will need to fill in this form.

DETAILS OF THE SD/SI	
Name of SD/SI:	
Address of SD/SI:	
Name of Original Responsible Person(s) (RP) ² : *Please spell in full.	Unique Entity Number (UEN) of the RP(s) (if applicable):

¹ A change in the Responsible Person (RP) of any SD/SI includes any transfer of partial or whole ownership (where the RP is the owner) or change in the occupation of a SI (where the RP is the occupier).

² Legal name of the corporate entity/Government agency (where applicable) who is the owner/occupier of the SD/SI.



DETAILS OF RESPONSIBLE PERSON(S) ON THE EFFECTIVE DATE

Name(s) of RP(s):

Name and Designation of Authorised Representative (if RP(s) is/are corporate entities/Government agencies):

Email Address:

Mailing Address:

Effective Date:

UEN of New RP(s)(if applicable):

For change in whole ownership:

*For more than one co-RP, please fill and sign Annex A.

Name of original RP

Name of original co-RP (if applicable)

Company Stamp and Signature of original RP or Authorised Representative of the RP (only if the RP is a corporate entity or Government agency) (if applicable)

Company Stamp and Signature of original co-RP or Authorised Representative of the co-RP (only if the RP is a corporate entity or Government agency) (if applicable)

Date:

Date:



For any other case:

*For more than one co-RP, please fill and sign Annex A.

Name of RP on effective date

Name of co-RP on effective date (if applicable)

Company Stamp and Signature of RP or
Authorised Representative of the RP (only if the
RP is a corporate entity or Government agency)
on effective date (if applicable)

Company Stamp and Signature of co-RP or
Authorised Representative of the co-RP (only if
RP is a corporate entity or Government agency)
on effective date (if applicable)

Date:

Date:

For Official Use

Notification form and Declaration are in good order: Y/N

Form received by: (name of officer), (designation)

Date of Receipt:



ANNEX A – To fill and sign if there are more than 2 co-RPs

For change in whole ownership:

Name of original co-RP

Name of original co-RP

Company Stamp and Signature of original co-RP
or Authorised Representative of the co-RP (only if
the RP is a corporate entity or Government
agency)

Company Stamp and Signature of original co-RP
or Authorised Representative of the co-RP (only if
the RP is a corporate entity or Government
agency)

Date:

Date:

Name of original co-RP

Name of original co-RP

Company Stamp and Signature of original co-RP
or Authorised Representative of the co-RP (only if
the RP is a corporate entity or Government
agency)

Company Stamp and Signature of original co-RP
or Authorised Representative of the co-RP (only if
the RP is a corporate entity or Government
agency)

Date:

Date:



For any other case:

Name of co-RP on effective date

Name of co-RP on effective date

Company Stamp and Signature of co-RP or
Authorised Representative of the co-RP (only if
the RP is a corporate entity or Governmen
agency) on effective date

Company Stamp and Signature of co-RP or
Authorised Representative of the co-RP (only if
the RP is a corporate entity or Government
agency) on effective date

Date:

Date:

Name of co-RP on effective date

Name of co-RP on effective date

Company Stamp and Signature of co-RP or
Authorised Representative of the co-RP (only if
the RP is a corporate entity or Government
agency) on effective date

Company Stamp and Signature of co-RP or
Authorised Representative of the co-RP (only if
the RP is a corporate entity or Government
agency) on effective date

Date:

Date: