

**NOTIFICATION OF CHANGE IN RESPONSIBLE PERSON (RP)<sup>1</sup> 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) <sup>2</sup> : *Please spell in full.	Unique Entity Number (UEN) of the RP(s) (if applicable):

<sup>1</sup> 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).

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



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**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:

ONCE FILLED IN, THIS FORM IS NOT TO BE SHARED WITH ANY THIRD PARTY.

Please send completed form to [SPF\\_CPS@spf.gov.sg](mailto:SPF_CPS@spf.gov.sg) for further action



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**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:

ONCE FILLED IN, THIS FORM IS NOT TO BE SHARED WITH ANY THIRD PARTY.

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**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:



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**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:

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