



Abilities Beyond Limitations and Expectations  
an initiative of Caritas Singapore

7A Lorong 8 Toa Payoh  
#02-09 Agape Village  
Singapore 319264  
Tel: 68017460  
www.able-sg.org

## ABLE TRANSPORT Registration Form

For Transport Subsidy, please attached the Means-Test Declaration Form

### Particular of Client

Applicant     Passenger

Name of Client : \_\_\_\_\_  
NRIC No. : \_\_\_\_\_  
*(as in NRIC)*

Condition : \_\_\_\_\_  
Contact No. : (Home) \_\_\_\_\_  
(Mobile) \_\_\_\_\_

Assistive Device (if any) : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

Date of Birth : \_\_\_\_\_  
Gender : Male / Female

### Particular of Caregiver

Applicant     Passenger

Name of Caregiver : \_\_\_\_\_  
NRIC No. : \_\_\_\_\_  
*(as in NRIC)*

Relationship to Client : \_\_\_\_\_  
Contact No. : (Home) \_\_\_\_\_  
(Mobile) \_\_\_\_\_

Address : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
\_\_\_\_\_

Email : \_\_\_\_\_  
Gender : Male / Female



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PERSONAL DATA PROTECTION ACT DECLARATION:

I fully understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals as per the provisions of the Act.

Declaration by Client and/or Caregiver

I declare and confirm that the necessary information furnished and endorsed by me/us for this application is true. I am aware that ABLE Ltd has the right to recover in full, for the service fees, if I have provided inaccurate information or withheld any relevant information during the registration process. I also understand that all information provided for the purpose of means testing evaluation will be kept confidential.

\_\_\_\_\_  
Name of Client/Caregiver

\_\_\_\_\_  
Signature/ Thumbprint of Client/Caregiver

\_\_\_\_\_  
NRIC No. of Client/Caregiver

\_\_\_\_\_  
Date

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For use by ABLE Transport

The form and necessary documents enclosed were checked and verified by:

Name of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Passenger ID: \_\_\_\_\_