

LETTER OF AUTHORISATION / UNDERTAKING FOR REFUND COLLECTION*(WITH EFFECT FROM 1 DEC 2025)***Instructions:**

1. This form is to be completed either by the patient (Patient") or the Patient's legal representative who is seeking a refund of payment from NHG Polyclinics, where:
 - (i) the Patient is unable to collect or receive the refund personally and would like to appoint a proxy to collect or receive the payment on their behalf; or
 - (ii) the Patient's authorised or legal representative is seeking a refund on behalf of the Patient who is a minor or who is deceased.
2. This form must be duly signed by the Patient or the Patient's legal representative. If Patient is below 21 years old, the form should be signed by the Patient's parent or legal guardian.
3. Scanned copies or photocopies of relevant supporting documents (e.g. birth certificate, death certificate, marriage certificate, grant of probate, letters of administration) are to be provided by the legal representative as proof of relationship to the Patient.
4. The request for refund is subject to NHG Polyclinics' review and agreement.

1. AUTHORISATION TO PROXY**To be filled up by patient where patient is authorizing a proxy to receive or collect the refund on the patient's behalf:**

I, _____ (Name of Patient as per NRIC/FIN), _____ (Patient's NRIC/FIN No.),
hereby authorise my _____ (Relationship to Proxy), _____ (Name of Proxy as per
NRIC/FIN), _____ (Proxy's NRIC/FIN No.) (the "Proxy"), to collect or receive a refund of my deposit or
payment from NHG Polyclinics on my behalf.

OR

To be filled up by patient's legal representative where patient is under 21 years old or is deceased:

I, _____ (Name of Representative as per NRIC/FIN), _____
(Representative's NRIC/FIN No.) am the _____ (Relationship to patient) of the Patient,
_____ (Name of Patient as per NRIC/FIN), _____ (Patient's NRIC/FIN No.).

2. CONSENT

I hereby consent to the collection, use and disclosure of my and/or the patient's information and personal data (as defined under the Personal Data Protection Act 2012 of Singapore) as deemed necessary by you for the purpose of processing the refund.

I undertake and confirm that I have obtained the necessary consent from the above-named Proxy or the Patient (where applicable) to furnish you with the information contained in this form for the purpose of processing the refund.

I understand that I may withdraw the consent given herein at any time by contacting our Contact Centre at +65 6335 3000, but in such an event, NHG Polyclinics will not be able to process the refund in the event that consent is withdrawn.

3. DECLARATION

I hereby declare and confirm that the information I have given in this form is accurate and true to the best of my knowledge.

Where applicable, I declare that I am a legal representative of the Patient and that I am legally authorized or permitted to make this request and to receive or collect the refund on behalf of the Patient.

I acknowledge and agree that NHG Polyclinics (including any of its employees, servants or agents) shall not be held liable or responsible in any way whatsoever for any loss or damage which may arise in connection with the processing of the refund based on the information provided herein or in any other documentation submitted by me or the Proxy, or in connection with the disclosure of my and/or the Patient's personal data to any party in accordance with the purposes set out herein.

Signature of Patient / Patient's Representative

Date

*Please delete where applicable