



MINISTRY OF LAW  
The Public Trustee

The URA Centre East Wing, 45 Maxwell Road, #06-11, Singapore 069118  
Website: [www.ipto.gov.sg](http://www.ipto.gov.sg) Tel: 63251500 Fax: 62242858 E-mail: [ipto\\_enquiry@ipto.gov.sg](mailto:ipto_enquiry@ipto.gov.sg)

Form 18

For Official Use

File Ref No.:

**RENUNCIATION & INDEMNITY FORM**

This form may take you 10 minutes to complete.  
Please return the completed form to the Trust Division at the above address

**IMPORTANT: Please read the notes carefully before completing the application.** It is an offence to make any false statement or to produce any document which is false for any purposes connected with this application. Please sign against amendments made. Use of correction fluid/tape will render the application void. **Please submit together with the documents required.** An incomplete form will delay the processing of your application.

**NOTES**

**1 Information on Renunciation & Indemnity**

- (a) This is to be completed by the beneficiary(s) who **does/do not want** his/their share of the estate.
- (b) Only beneficiary(s) and witness(s) who are above 21 years old and not an undischarged bankrupt can complete this form.
- (c) Please be informed that the share which you have renounced above will go into a 'common pool' to be shared by the other non-renouncing beneficiary(s).
- (d) Non-renouncing beneficiary(s) cannot be the witness(s).
- (e) Both beneficiary and witness must sign on the same date.

**A. PARTICULARS OF DECEASED**

Name of Deceased:

NRIC / Passport No. of Deceased:

**B. RENUNCIATION**

I/We named below am a/are beneficiary/beneficiaries of the estate of the above-named deceased ("the beneficiary"). I/We hereby expressly renounce out of my/our own free will the share due to me/us in the estate of the above named deceased to the estate.

**C. INDEMNITY**

I / We hereby undertake to fully indemnify the Public Trustee and all his officers against all damages (including costs and expenses) suffered by the Public Trustee arising from or in relation to any payment made to me / us or any other person by the Public Trustee or his officers in the discharge of their duties, in reliance on or use of any of the information provided by me / us.

**D. DECLARATION**

I/ We declare that all the information I / we have given in this Renunciation & Indemnity Form is true and that I / we give the information knowing that the Public Trustee and his officers would rely on and use the information to perform his duties.

I/ We also know that if any of the information is false, I/ we may be prosecuted for giving the false information.

Please turn over the sheet.

<u>Beneficiary</u>	<u>Witness</u>
Name: _____	Name: _____
NRIC No: _____	NRIC No: _____
Signature / Date: _____	Signature / Date: _____

<u>Beneficiary</u>	<u>Witness</u>
Name: _____	Name: _____
NRIC No: _____	NRIC No: _____
Signature / Date: _____	Signature / Date: _____

<u>Beneficiary</u>	<u>Witness</u>
Name: _____	Name: _____
NRIC No: _____	NRIC No: _____
Signature / Date: _____	Signature / Date: _____

<u>Beneficiary</u>	<u>Witness</u>
Name: _____	Name: _____
NRIC No: _____	NRIC No: _____
Signature / Date: _____	Signature / Date: _____

<u>Beneficiary</u>	<u>Witness</u>
Name: _____	Name: _____
NRIC No: _____	NRIC No: _____
Signature / Date: _____	Signature / Date: _____