

COMMUNITY ORGANISATION LEGAL CLINIC

REGISTRATION FORM

Registered by: SC/ ST/ _____

Registered on: ____/____/____

PBS Ref. LS/142/COLC/____/____/____
COLC mm yy Initials

1 ORGANISATION INFORMATION

Name of Organisation: _____ Charity/ IPC No.: _____

Type of Organisation: VWO/ NPO/ Charity/ Social Enterprise/ Others (Pls Specify): _____

Address: _____ S()

Contact No: _____ (Office) _____ (Fax)

Email Address: _____ Website (If any, pls specify): _____

Brief Description on General Service Provided: _____

2 AUTHORISED REPRESENTATIVE PARTICULARS

Position: _____

Name (As in NRIC) [Miss/ Mdm/ Mr/ Mrs]: _____
(Underline Surname)

NRIC/ Fin No.: _____ (Pink/ Blue/ Work Permit/ Others: _____) Age: _____ Gender: M/ F

Contact Numbers: _____ (Office DID) _____ (HP)

How did you learn of our service? _____

3 DECLARATION

I, _____ (Name), _____ (NRIC/ Fin No),

- declare that I am the authorised representative of the abovementioned organisation;
- confirm that the particulars provided to the Pro Bono Services Office are true and accurate;
- consent to the Pro Bono Services Office sharing my information with any agencies / persons authorised by the Pro-Bono Services Office, for the purposes of assessing my eligibility / rendering me its services;
- declare that I have been informed that the volunteer lawyer assigned to my matter is only offering general guidance within a 30-minute consultation session and will not be able to represent the organisation or act on the organisation's behalf outside of the Legal Clinic;
- agree that the Pro Bono Services Office/ Service Provider has the right to refuse, cancel, or suspend their pro-bono services to the organisation at their sole discretion.
- agree that the information disclosed for the purpose of this registration may be retained by the Pro Bono Services Office for record purpose.

Date

Signature of Authorised Representative

