



LEGAL AID BUREAU

APPLICATION FOR REDUCTION / WAIVER OF CONTRIBUTION

Date of Request : _____
Case Reference No : _____
Name of Applicant : _____
NRIC No. : _____
Contact No. : _____
Email Address : _____
Signature : _____

1) Request

A) Please "tick" one

Reduction

Waiver

B) Please state the reasons: _____

C) Please provide supporting documents:

1. Financial Assistance: Yes / No

2. Medical Assistance: Yes / No

3. Copies of bank statements for the last 6 months for all your savings, joint and current bank accounts, both personal and joint accounts.

4. Copies of CPF Transactions Statements (1 year)

5. Copies of your outstanding bills and receipts, such as utility bills, pawnshops bills, medical bills, medical report, etc. (if any)



Legal Aid Bureau
45 Maxwell Road | #07-11 The URA Centre (East Wing)
Singapore 069118
T 1800 2255 529 | F 6325 1402
<https://lab.mlaw.gov.sg>
For enquiries, please fill in the enquiry form at
<https://www.mlaw.gov.sg/>

6. A breakdown of your monthly expenses:

\$

- Rental
- Groceries/Food
- Transport
- Bills
- School/Tuition Fees
- Medical

2) Received by Counter Staff

Name: _____ Signature: _____

3) Action By LO

- Approved
- Not Approved
- Request put up in GENIE

Informed AP on : _____

Signature : _____

Name : _____

Date : _____



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