



## Billing Details

**Company Name:**

[illegible]

**Full Name:** Mr / Mrs / Ms / Miss / Dr / Prof / Other

[illegible]

**Contact Number:**

[illegible]

**Company Address:**

[illegible]

**GST Number [for Singapore GST registered companies]:**

[illegible]

**Email:**

[illegible]

## Purpose

**1) Please fill out the table below:**

Booth Number or Room Location	F&B Items (Per Day)	F&B Quantity (Per Day)

(Supplementary list can be attached if required)

## Declaration

**I, the applicant, hereby acknowledge and agree to the technical and mandatory requirements set out by the Centre**

Sign & Company' Stamp

Date:

**For Internal Processing Only**

**Approved / Rejected**

### Reject Reasons:

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**EM Signature:**