

## SINGAPORE DENTAL COUNCIL

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#01-01 College of Medicine Building,
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E-mail: enquiries@dentalcouncil.gov.sg
Tel: (65) 6372 3076/77 Fax: (65) 6221 1275
Unique Entity Number(UEN): T08GB0050C

## **Application for Extension of Temporary Registration**

structions to applicant
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Complete all sections as required

certificate fee will be o	nsion of registratio harged for the exte	n must be made <u>one mo</u> ended period. ration of current registra		_		•			o-rated practising	
Name of institution/clinic										
Address Office Tel No.										
We would like to apply for exter	nsion of registration	n for the following dentis	t(s) employed by c	our organisation:			·			
Name of dentist(s)	DCR No.	Designation	Current registration validity period		Please provide details on employment period		Kindly update if there is any change in employment period			
			From	То	From	n To		From	То	
1.										
2. 3.										
Name of applicant		Signature		Date of appli	cation	for extensio	- n			
FOR OFFICIAL USE ONLY										
(please √ appropriately)  □ Approved  □ Rejected	Registrar's approva	al/comments*	• \$65 Exten	+ <u></u> ···· μ·····························					Receipt Issued:  Receipt No:  Date of receipt: / / 200	
// 200 to// 200 If approved, extension of								// 200_		
registration granted	<u>Mode of Payment (please</u> √ appropriately)									
from// 200	Registrar's Signature & Date									
to// 200			□ Cheque (Cl	heque No		, Bank:		)		