



# Central Provident Fund Board

Website : [www.cpf.gov.sg](http://www.cpf.gov.sg)  
CPF Call Centre: 1800 - 227 1188  
E-mail (for enquiry) : [member@cpf.gov.sg](mailto:member@cpf.gov.sg)

Form 3B

For Official use only  
Serial No.

## NOTICE OF REVOCATION OF NOMINATIONS

### NOTE:

- This form may take about 5 minutes to complete.
- This form is to be completed by member.
- Please read the instructions carefully before completing the form.
- Please complete and submit this form along with the following documents only if you wish to revoke your existing nomination without making a new nomination:
  - a copy of your NRIC/Passport;and
  - a copy of both witnesses' NRIC/Passport.
- The use of any correction fluid/tape or not signing against amendments will void the application.

### 1. PARTICULARS OF CPF MEMBER

NAME OF CPF MEMBER AS IN NRIC / Passport (IN BLOCK LETTERS)

SINGAPORE NRIC NO./CPF A/C NO.

S/T

### 2. DECLARATION

I hereby revoke the previous nomination made by me.

\*Signed by the abovenamed member/The right thumbprint of the abovenamed member was affixed

\*(a) in the presence of the 2 witnesses below;

OR

\*(b) after the contents have been read over and explained to \*him / her in the \_\_\_\_\_ \*language / dialect

by \_\_\_\_\_ (Name)

\_\_\_\_\_ (\*NRIC/Passport No.) in the presence of 2 witnesses below.

)

)

Signature/right thumbprint of member

)

DATE \_\_\_\_\_

)

Telephone No.: (H) \_\_\_\_\_

)

(O) \_\_\_\_\_

)

(Hp) \_\_\_\_\_

)

Email Address: \_\_\_\_\_

### 3. PARTICULARS OF WITNESSES

**Note:** The 2 witnesses must be at least 21 years old (unless they are employees of the Board) and must not be the member.

1) Name of Witness (in BLOCK letters) \_\_\_\_\_

\*NRIC (for Singaporeans and Permanent Residents of Singapore) / \_\_\_\_\_

Passport No. (for foreigners) \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Telephone No. \_\_\_\_\_

2) Name of Witness (in BLOCK letters) \_\_\_\_\_

\*NRIC (for Singaporeans and Permanent Residents of Singapore) / \_\_\_\_\_

Passport No. (for foreigners) \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Telephone No. \_\_\_\_\_

\*Delete as appropriate