

ACCESSIBILITY FUND APPLICATION FORM

INSTRUCTIONS

1. Please read the terms and condition of the Accessibility Fund (AF) before completing this form.
2. Please fill in this application form and the attached Project Information form, and submit it with the supporting documents to:
 The Accessibility Fund Secretariat
 Universal Design Department
 Building and Construction Authority
 52 Jurong Gateway Road, #10-00
 Singapore 608550

APPLICATION FOR IN-PRINCIPLE APPROVAL OF ACCESSIBILITY FUND

Name of the Owner/MCST No.	
Name of the Development	
Address	

On behalf of our management, I apply Accessibility Fund for upgrading our above development with accessibility features. We agree to the terms and conditions of the Accessibility Fund (AF) administered by the Building and Construction Authority (BCA).

Signature of the Applicant	Date
Name of the Applicant	Designation of the Applicant
Address of the Applicant (Invoicing address)	Company's stamp

(Only forms with the original signature and company stamp will be accepted)

For BCA Use:
Registration No:

ACCESSIBILITY FUND PROJECT INFORMATION FORM

DETAILS OF THE DEVELOPMENT/BUILDING			
* Name of the Building/ Development :	_____		
* Address:	_____		
* Year in which the building constructed	_____	Building Plan Number:	_____
* Name of Building Owner / MCST number:	_____		
* Building Type: (Please tick one)	<input type="checkbox"/> Commercial - <input type="checkbox"/> Institution(private): If "Others", please specify: _____		
DETAILS OF THE APPLICANT			
* Applicant's Name:	_____		
* Applicant's contact details:	Telephone (Office DID) : _____ Fax: _____ Hand phone: _____ Email: _____		
* Correspondence Address:	_____		
* Applicant's status: (Please tick one)	<input type="checkbox"/> Building Owner / Lessor <input type="checkbox"/> MCST <input type="checkbox"/> Lessee who carries out upgrading works with endorsement of building owner / lessor. (Documentary evidence of endorsement from building owners shall be attached).		
DETAILS OF THE UPGRADING WORKS			
* Category I: Details of proposed BASIC ACCESSIBILITY FEATURES (Please tick in the appropriate box and specify the correct figures)	<u>ACCESSIBLE TOILETS:</u> <input type="checkbox"/> Provision of one standalone accessible toilet at level _____ <input type="checkbox"/> Provision of two separate accessible toilets (one for each gender): at level(s) _____ <u>RAMPS:</u> <input type="checkbox"/> Provision of _____number(s) of gradual slope / kerb ramp(s) that does/do not require handrails to facilitate wheelchair mobility at the first storey. <input type="checkbox"/> Provision of _____ number(s) of ramp(s) with handrails on both sides from public access point to the main entrance of the building. Length (horizontal run) of the ramps:		
	Ramp 1: _____Meters	Ramp 2: _____Meters	
	Ramp 3: _____Meters	Ramp 4: _____Meters	

