



CAD.MSI.19066-M

CASE PROFORMA

PARTICULARS

NAME: _____ GINSYSTEM USERNAME: _____
(As appear on identification papers)

NRIC/FIN/PASSPORT NO.: _____ COUNTRY OF ISSUE: _____

ADDRESS: _____

CONTACT NO. (Home) _____ (HP) _____ (Email address) _____

BANK DETAILS

Please provide your bank account details to facilitate the disbursement of moneys, in the event that there are moneys available for distribution upon completion of the investigations. Note that moneys seized in the course of the investigations will be dealt with in accordance with the directions of the Court.

NAME OF BANK & BRANCH : _____

ADDRESS OF BANK: _____

ACCOUNT NAME & NO. : _____

INFORMATION ON INVESTMENT WITH GINSYSTEM

WHEN DID YOU FIRST INVEST WITH GINSYSTEM? : _____

DATE AND AMOUNT INVESTED: _____
State the date and amount invested for each occasion (Please attached the information on a separate sheet if space is insufficient)

WHAT WAS YOUR MODE OF PAYMENT FOR YOUR INVESTMENT WITH GINSYSTEM?
TELEGRAPHIC TRANSFER / CHEQUE / CASH / E-PAYMENT / OTHERS _____
(delete where necessary)

HAVE YOU WITHDRAWN MONEY FROM YOUR INVESTMENT WITH GINSYSTEM? IF YES, STATE THE FOLLOWING

DATE AND AMOUNT RECEIVED: _____
State the date and amount withdrawn on each occasion (Please attached the information on a separate sheet if space is insufficient)

WHAT WAS THE MODE OF WITHDRAWAL FOR THE MONEY WITHDRAWN FROM GINSYSTEM?
TELEGRAPHIC TRANSFER / CHEQUE / CASH / E-PAYMENT / OTHERS _____
(delete where necessary)

DO YOU HAVE ANY DOCUMENTARY PROOF OF YOUR INVESTMENT WITH GINSYSTEM OR MONEY WITHDRAWN FROM GINSYSTEM? *IF YES, PLEASE ATTACH SUPPORTING DOCUMENTS*

**COMPLETE ALL SECTIONS IN THIS CASE PROFORMA AND SUBMIT IT WITH SUPPORTING DOCUMENTS (IF ANY) TO COMMERCIAL AFFAIRS DEPARTMENT
BY EMAIL TO SPF_ginsystem_investigations@spf.gov.sg OR
BY FAX TO (65) 6223 3171**

FOR OFFICIAL USE

PROCESSED BY : _____ DATE : _____