



Central Provident Fund Board

79 Robinson Road, CPF Building, Singapore 068897
 Website: www.cpf.gov.sg CPF Call Centre: 1800-227 1188
 Email address: employer-accounts@cpf.gov.sg

New Employer's First CPF Contribution

This form may take you 10 minutes to complete.

General Information:

1. Payment of CPF contributions should be made by the 14th day after the end of the month for which the contributions are due and payable. If the 14th day falls on a Sunday or a Public Holiday, CPF contributions must be paid by the next working day. Interest will be charged for any late payment.
2. You are strongly encouraged to sign up for CPF e-Submission to make your first CPF payment. To do so, please submit Form CPF/1 with the CPF e-Submission Registration form and the Application for Interbank GIRO form **at least 7 weeks** before the due date of your first CPF payment. These forms are available on our website www.cpf.gov.sg. If you are making your first payment by cheque, it should be made payable to "CPF Board" and attached with your Form CPF/1. Please attach additional sheets of duly completed and signed Form CPF/1, if the space on a sheet is insufficient.
3. Please complete only your employees' particulars in Section C. **DO NOT** include yourself if you are a **SOLE PROPRIETOR / PARTNER** of the company.
4. P. O. Box and V. Box Addresses are not allowed.
5. Please sign against any amendments. Use of correction fluid/tape is not allowed.
6. Your Form CPF/1 will be processed within 7 working days upon receipt. You will receive your CPF Submission Number after we have processed your form. Incomplete forms will be rejected and returned.
7. For more information on making CPF payments as an employer, please visit our website at www.cpf.gov.sg (Employers > General Information > CPF Contribution Rate Booklets, Employers' Handbook and FAQs).

**Please indicate your name, contact details and
 "Making First CPF Contribution" at the back of your cheque.**

Important Notes:

1. **For Employers Who are Changing the Legal Status of their Existing Entity**
 - a) If there are no changes to the existing contact details (Section B) and the employees' contribution details (section C) that are currently maintained with CPF Board, you are only required to complete Section A and D of this form.
2. **For Employers Who are Trading under their Own Name**
 - a) Fill in your name (as shown in your NRIC/Foreign Identification Number Card).
 - b) State the nature of work for your employee(s) in the "Nature of Business" field. For Hawkers, please state "Hawker" and the nature of business. (e.g. Hawker – Processed Food).
3. **For Employers With Domestic Worker(s)**
 - a) Fill in your name (as shown in your NRIC/Foreign Identification Number Card and your residential address).
 - b) State the nature of work for your employee(s) in the "Nature of Business" field (e.g. Chauffeur).
4. **For Foreign Company (not registered in Singapore)**
 - a) If you have a foreign company that is not registered in Singapore, please attach a copy of the business certificate obtained from your country.



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Are you changing the legal status (e.g. Sole Proprietorship to Private Limited) of an existing entity? Yes No
 If Yes and there are no changes to the contact details and the employees' contribution details at Section B and C, you are only required to complete Section A and D of this form.

A) PARTICULARS OF EMPLOYER

Name of Company / Firm / Society / Individual		Unique Entity No. / NRIC / Foreign Identification No. (FIN)	
Month to start CPF payment (e.g. Jan 09)	Nature of Business	Do you have an existing CPF Submission Number ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate your existing CPF Submission Number:	

B) CONTACT DETAILS OF EMPLOYER

Principal Place of Business Address	Tel No.:	Fax No.	HP No.	Email Address

C) CONTRIBUTION DETAILS OF EMPLOYEES [not required for employers who are making their first CPF payment via CPF e-Submission]

(a) Date Started Employment	(b) Name of Employee (as shown in NRIC)	(c) NRIC	(d) CPF contributions		(e) MBMF		(f) SINDA		(g) CDAC		(h) ECF		Ordinary Wages	Additional Wages
			\$	¢	\$	¢	\$	¢	\$	¢	\$	¢	\$	\$
				00										
				00										
				00										
				00										
				00										
Sub Total				00										
Number of employees													Cheque No.	
(i) COMM CHEST					\$	00	(j) SDL		\$	00	Grand Total (d+e+f+g+h+i+j)			

D) DECLARATION BY EMPLOYER

I/We agree to abide by the terms in this form and confirm that all the information given in this form is true, correct and complete. I/We shall not hold the CPF Board liable for any losses or damages that I/we may incur due to incorrect information given herein. I/We also agree that the CPF Board has the right to reject this form on any ground whatsoever.

Name of Employer ⁺	Designation	NRIC / Passport No. / FIN of Employer ⁺	Signature of Employer ⁺ & Date
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+Employer refers to the sole proprietor or partner in a partnership. For a limited liability partnership, it refers to a partner or manager. For a company, it refers to the director or manager and for society, it refers to the president or secretary or treasurer. For all other entities, it refers to the name of the person who has been duly authorised to complete the form