



Alan Bus Service

Tel: 67778811 Fax: 67791616

Email: alanbus@alanbus.com



CLEMENTI CENTRAL POST OFFICE, PO BOX 65, SINGAPORE 911203

APPLICATION FORM

For School : _____

Parents' Name : _____

Mailing Address: Block No _____ Unit # _____ Postal Code: S _____

Telephone : (H) _____ (O) _____ Hp: _____ (1) _____ (2) _____

No	Name of Child / Children	NRIC No	BUS ID	2017 Class	Bus Fare
1.					
2.					
3.					
TOTAL FARE:					
S\$					

**** REMARK: For Pick Up / Drop Off different places please fill up:-**

PICK UP PLACE ADDRESS: _____

DROP OFF PLACE ADDRESS: _____

Remedial / Supplementary Classes Bus Services	补习班校车	YES / NO
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- Bus passes will only be allocated upon payment received.
- Reminder! ALL applications take 7 working days to process

Please make payment via bank transfer to the following bank account:

POSB SAVING A/C : 121-79529-9.

Payment Term: (Cash/Cheque) hereby enclosed the sum of S\$ _____ for the initial payment and forwarded with this application form.

Agreement for the above term is 12-month payment for the next year

I / We agreed and accepted of the above and rules & regulation and terms of condition.

Parent / Guardian Signature _____

Date : _____

Alan Bus Service _____

Received By : _____

For your reference (Payment received)

ID NO: _____

Child's Name: _____

Class: _____

Month	Date	Sch Bus Fare	Total Amt	Chq/ Cash	Collector
Jan					
Dec					

Note: Please keep this for your reference / in case of any queries

*****PLEASE SUBMIT TO BUS OFFICER*****