**Form 11 of the COVID-19 (Temporary Measures) (Part 8C Relief) Regulations**

**Reply to oppose the application to set aside an assessor’s determination made where a person directed by the assessor to attend a hearing is absent**

If a party had applied to set aside an Assessor’s determination made when the party was absent from the hearing, the other party to the determination may submit a reply oppose the application to set aside the determination.

Please note that a copy of this reply must be served on the party who had applied to set aside the Assessor’s determination, within 7 days after the reply is submitted to the Registrar.

**Part A - Particulars of Applicant**

|  |  |
| --- | --- |
| 1. Name of applicant
 | *e.g. ABC Development Pte Ltd* |
| 1. Address
 | *Enter address of applicant in the following format: block number, street name, unit number, building name and postal code* |
| 1. Email address
 | *Enter email address for service of documents* |

**Part B – Reasons for opposing the application to set aside determination**

|  |  |
| --- | --- |
| 1. Application number
 | *State the application number of the application for which the hearing was held* |
| 1. Name of party who had applied to set aside determination
 |  |
| 1. Date of notification of the application to set aside determination
 | *The party who applied to set aside the determination is required to notify you of the application. Please state the date of the notification.* |
| 1. Reason(s) for opposing the application to set aside the assessor’s determination
 |  |
| 1. Supporting documents (optional)
 |  |

**Part C – Declaration**

I declare that:

* The information I have provided in this Application and the supporting documents are true and correct.
* I understand that I may be prosecuted if I have provided any information, whether in this Application or provided separately to the Registrar or assessor or in any supporting documents, that I know or have reason to believe is false.
* (For a person making this Application for a company or business)

I confirm that I am authorised to act on behalf of the entity in submitting this Application and to represent the entity in matters relating to this Application.

|  |  |
| --- | --- |
| 1. Signature of applicant or authorised person
 |  |
| 1. Name of applicant or authorised person
 | *Enter name of person to contact for matters related to the application* |
| 1. Position
 | *e.g. director, general manager, chief executive officer* |
| 1. Telephone number
 | *Enter phone number where the applicant or authorised person may be contacted* |
| 1. Email address of contact person:
 | *Enter email address where the applicant or authorised person may be contacted* |
| 1. Date of application
 |  |