


| | | |
|---|---|------------------------|
|  | Form B (Public) Transaction Form | Application No : _____ |
|---|---|------------------------|

| | |
|--------------|-----------------------|
| Name : _____ | Email Address : _____ |
|--------------|-----------------------|

| | |
|--------------------|--|
| Tel Number : _____ | |
|--------------------|--|

| | | |
|--|---------------------------------------|---|
| Type of Coins :- (Please tick appropriate box) | | |
| <input type="checkbox"/> Singapore Coins | <input type="checkbox"/> Brunei Coins | <input type="checkbox"/> Numismatic Coins |

| Deno | Tendered Details | | Processed Details (To be filled in by CCOM) | | | | | | |
|--------------|-----------------------|--------------------|---|------------------|------------------|--------------------|----------------|-------------|-------------------|
| | Singapore Coins (pcs) | Brunei Coins (pcs) | 1st Series (pcs) | 2nd Series (pcs) | 3rd Series (pcs) | Brunei Coins (pcs) | No Value (pcs) | Total (pcs) | Total Amount (\$) |
| 1-ct | | | | | | | | | |
| 5-ct | | | | | | | | | |
| 10-ct | | | | | | | | | |
| 20-ct | | | | | | | | | |
| 50-ct | | | | | | | | | |
| \$1 | | | | | | | | | |
| \$5 | | | | | | | | | |
| Total | | | | | | | | | |

Remarks : _____

| Singapore Numismatic Coins | | | |
|----------------------------|-----------------------------------|-----------|-----------------|
| Year Date | Type of Singapore Numismatic Coin | No of pcs | Face Value (\$) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | |

Declaration :

- The sealed bag of coins as detailed above are submitted for assessment. I declare that the information given are true and correct.
- I agree that the coins are to be received by MAS' appointed Circulation Coin Operator and Manager (CCOM) and value will be awarded and credited after processing by CCOM.
- I understand and accept the following conditions:
 - The coins deposited (with the exception of foreign coins) will not be returned to me. Foreign coins do not include Brunei coins.
 - Any award of value by CCOM is accepted as final; and
 - The coins deposited may be subject to deposit fees charged by MAS.

| | | |
|-------|------------------------|-------------------------|
| _____ | _____ | _____ |
| Date | Signature of Applicant | CCOM Witnessing Officer |

1. Please credit the award of \$ _____ to my bank account

Name (if different from above): _____

Name of Bank / Branch: _____

Account No.: _____

(If you are depositing on behalf of a Company/Organisation, please write down your Company/Organisation name and bank account number.)

| | | |
|-------|------------------------|-------------------------|
| _____ | _____ | _____ |
| Date | Signature of Applicant | CCOM Witnessing Officer |