

Form B (Public) Transaction Form	Application No : _____
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Name : _____	Email Address : _____
Tel Number : _____	Address : _____

Type of Coins :- (Please tick appropriate box)

Singapore Coins
 Brunei Coins
 Singapore Numismatic Coins

Deno	Tendered Details		Assessment 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			
Deno	Description of Singapore Numismatic Coins (Optional)	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 have opted **to / not to count** the coins that I have deposited in my presence and value awarded will be subject to Circulation Coin Operator and Manager's (CCOM) assessment of the coins.
- I agree that the coins are to be received by CCOM and value will be awarded and credited after CCOM's assessment.
- 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.
 - The deposit fees and GST will be deducted from the credited amount.

Note:

(i) The option to count the coins deposited is only available at Certis East Coast (Address: 206 Bedok South Avenue 1 Singapore 469334).

(ii) Counting the coins does not mean that the assessment of the coins has been completed. CCOM has to perform further assessment before determining the value to be awarded for the coins deposited.

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 your are depositing on behalf of a Company/Organisation, do write down the Compancy/Organisation name and bank account number.)

Date
Signature of Applicant
CCOM Witnessing Officer