SELF SWAB GRANT CLAIM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SELF SWAB GRANT CLAIM FORM** | | | | | |
| **HPB’s Application No.**  (application no. listed in Letter of Award) |  | | | | |
| **Name of Company** | | | **Pooled testing ratio** | | **Testing Laboratory** |
| **Commencement Date** (for the month submitted) |  | **Completion Date** (last calendar day of the month submitted) | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N | Type of Swab (swab/re-swab/ UTM) | Number of pax swabbed | Grant Quantum  (Unit Rate) | Grant Amount  (Total) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| **Total Amount** | | |  |  |

**DECLARATION**

We make the following declaration as required under our acceptance of the Grant Award:

1. We declare that the grant claim submission is valid and genuine.
2. We continue to confirm that we have not obtained any other grants or funding for this swabbing.

In the event that any part of our declaration as set out above are untrue or inaccurate, we unconditionally agree that the HPB may exercise their absolute rights to terminate the Agreement that we have executed. In such an event, HPB will also exercise their rights to reduce any part of the Grant or to claw back on all monies already paid over under the Grant.

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| --- | --- |
| **Company Approving Authority**  *(only the sole proprietor, partner or company director of the applicant company, as registered with ACRA or professional bodies, may sign this declaration.)* | |
| Signature (to include company stamp) |  |
| Name |  |
| Designation | (CEO/MD/GM) #  *#delete accordingly* |
| Date |  |