

Functional Screening Programme for Seniors (FSP)

Please email the completed Reply Slip and supporting documents to fs.support@aic.sg

Company Name:				No. of years retailing spectacles in Singapore:			
Company Registration Number (Business UEN):							
List of Branches							
Branch location	Postal Code	Building Name	Address	Manager's name	Contact No.	Email Address	Operating Hours
Woodlands	738099	Causeway Point	1 Woodlands Square #01-123	Ronald	61238888/ 98881234	Ronald@Specs.com	10am to 10pm (daily)
List of Fully Registered Optometrists							
S/N	Name of Optometrist		Registration Number	Email Address		Branch Location	
1							
2							
3							
4							
5							
6							

Document Checklist (please tick)

- Reply Slip
- Latest ACRA or Bizfile Document of the business' information
- Audited Financial Statements of the business in the last 3 years
- Scanned copies of the fully registered optometrist's registration card
- Non-Disclosure Agreement (Annex A)

Terms and Conditions

By signing below, I acknowledge and agree that I have read, understood and agreed with the terms and conditions set out below:

1. My organisation (i.e. the company named on page 1 of this form) agrees to participate in the Functional Screening Programme for Seniors (the "Programme") and to be appointed to the panel of the approved Optical Shops to work with AIC's screening partners, whose contact details will be provided by the Agency for Integrated Care Pte. Ltd. (AIC) upon confirmation of my organisation's participation in the Programme.
2. I agree that my organisation's participation in the Programme is subject to the terms and conditions set out here, and the Non-Disclosure Agreement (see Annex A). I also understand and agree that my organisation's participation in the Programme will be subject to additional terms and conditions which will be provided in writing by AIC upon confirmation of my organisation's participation in the Programme.
3. I hereby confirm that my organisation:
 - (i) has at least one fully registered optometrist registered with the Optometrists and Opticians Board (OOB) per participating branch;
 - (ii) will be responsible for the work performed by my Optometrist(s);
 - (iii) has been retailing spectacles for at least 2 years in Singapore;
 - (iv) is not currently facing any winding up applications or under judicial management.
4. I hereby declare that:
 - (i) The information provided and declarations made in this form are complete, true and correct.
 - (ii) I have not withheld any relevant information which may affect my organisation's application to participate in the Programme; and
 - (iii) I am duly authorised by my organisation to complete this form and to make this application to participate in the Programme on behalf of my organisation.

5. I acknowledge and agree that:
- (i) If it shall be determined by AIC that the declared information to AIC is untrue or incorrect, AIC shall be entitled, without any liability for compensation to me and/or my organisation, to terminate my organisation's participation in the Programme.
 - (ii) Any application to participate in the Programme and appointment to the Optical Shop Panel shall be subject to the approval of AIC, and that AIC has the sole and absolute discretion to decide whether to accept or reject any such application.
 - (iii) I shall provide relevant supporting information and/or documentation in relation to the requirements set out at paragraph 3 above where so requested by AIC.

Name:	Organisation Stamp:
Designation:	
Date:	
Signature:	

Annex A

Non-Disclosure Agreement



Non-Disclosure
Agreement_18 Dec 2