

(To be completed by SPED Principal / Administrator) **ANNEX A**

SPED CERTIFICATION LETTER FOR SPECIAL NEEDS SAVINGS SCHEME (SNSS)

Date : _____

To : SPECIAL NEEDS TRUST COMPANY (SNTC)

To Whom It May Concern

SPECIAL EDUCATION SCHOOL (SPED) CERTIFICATION LETTER

I declare that (Name of PSNs) _____ (B/C or NRIC : _____),

(Please tick where applicable)

is currently attending (Name of SPED) _____
and was enrolled into the school on (Date of Enrolment) _____ .

have attended (Name of SPED) _____ from
(Date of Enrolment) _____ to (Date of Graduation/Departure) _____ .

I understand that the purpose of the above information is for the PSNs to apply for the SNSS administered by SNTC.

Stamp of SPED : _____

Name of Principal / Administrator : _____

SPED Address : _____

SPED Contact Number : _____

Signature of Principal / Administrator : _____ Date : _____