



**FAMILY INTEGRATED  
APPLICATION  
MANAGEMENT SYSTEM  
(iFAMS)  
For  
FAMILY JUSTICE COURTS**

**USER GUIDE for  
General Public**

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### **Getting to iFAMS application webpage**

- a. Type in <https://ifams.gov.sg/> in URL

### **Detailed steps on filing iFAMS MCA application**

#### **Step 1: Initial login**

- a. Click on “Mental Capacity Act Application”.

## Applications and Requests

Filing applications, requests and documents for your case

File a new application



b. Click on “Applications for Long Term Order”.

## Applications and Requests

Filing applications, requests and documents for your case

File a new application



c. Click on “Application for appointment of Deputy” and login via Singpass. Click “Proceed”.

# Applications and Requests

Filing applications, requests and documents for your case

File a new application

The screenshot shows a user interface for filing applications. It features three main categories in dark red boxes with white text:

- APPLICATIONS FOR URGENT ORDER**: For urgent short-term orders limited to \$5,000 (doctor's report has to be submitted prior to application). A downward arrow is visible below this category.
- APPLICATIONS FOR LONG TERM ORDER**: For long-term orders up to \$80,000 which fall under the Mental Capacity Act simplified track (doctor's report has to be submitted prior to application). A downward arrow is visible below this category.
- OTHER MATTERS**: Doctor filing medical report directly; Uploading of medical report by Lawyer/Applicant; Other requests/applications. A downward arrow is visible below this category.

Below these categories, a list of application types is shown. The first item, 'Application for appointment of Deputy', is highlighted with a red rectangular box. The other items are 'Application to change existing Long Term Order' and 'Application to revoke Long Term Order'.

## Step 2: Application Details

For long-term orders, applicants are required to indicate whether there are 1 or 2 applicants filing as deputy and the powers requested from a list of checkboxes.

- a. Once done, please check “No” for “Is there an existing order for the patient?” and click “Retrieve” to retrieve the submitted medical report from iFAMS

## Application under the Mental Capacity Act

 Application Details (Active)

**APPLICATION DETAILS**

Number of Applicants\*  1  2

Applicant's Identification No.\* NRIC: [Redacted]

P's Identification No.\* NRIC: [Redacted]

Is there an existing order for the Patient?\*  Yes  No [Change](#)

Medical Report **MR 2/2023 submitted by Dr TEST 1 on 24/05/2023 has been detected.**  
 \* I confirm that this Medical Report will be used for my Application.

Application Type\*  Fresh Application

The Applicant is seeking the following order.\*

- Do you need an order concerning P's bank accounts and related matters?
- Do you need an order concerning P's tax, employment and related matters?
- Do you need an order concerning arrangements for care services for P?
- Do you need an order concerning P's medical / dental treatment?
- Do you need an order relating to conduct of legal proceedings involving P?
- Do you need other orders apart from those listed above?
- Do you need an order concerning payment of P's debts?
- Do you need an order relating to applying for government benefits and assistance for P?
- Do you need an order concerning P's CPF matters?
- Do you need an order concerning P's insurance policies and trust-related matters?

[< Cancel & Exit](#) [Previous](#) [Save As Draft](#) [Proceed](#)

b. Please complete the rest of the details and proceed.

### **Step 3: Applicant's and Patient's details**

a. Fill in the necessary information for Applicant's details and Patient's details in the subsequent pages.

### **Step 4: Consent of relevant persons**

Please indicate all persons relevant to P, which includes all immediate family members as well as other Relevant Persons.

All persons listed on this page are required to submit their consent for the MCA

Application via Singpass (or Applicant submit Declaration of Service). If you are unable to obtain their consent, you will need to state the reasons why consent was not given as below.

## Application under the Mental Capacity Act

1 Application Details (Completed) — 2 Applicant's Details (Completed) — 3 Patient's Details (Completed) — 4 **Relevant Persons Details (Active)** — 5 Supporting Documents (Incomplete) — 6 Summary (Incomplete)

### RELEVANT PERSONS DETAILS

Please note that all Relevant Persons above the age of 21 need to consent to this application. A Relevant Person may login with Singpass to confirm that he or she consents to this application, or you may obtain a signed consent form from the Relevant Person. A copy of the consent form can be obtained via the relevant link on the homepage.

The Applicant(s) should not be listed in the categories of Relevant Persons below.

#### PARENTS

S/N	Name	Relationship	DOB	Contact Details	Consent not obtainable due to	Action
1*		Mother				

#### SPOUSE

\* I confirm that P has no living spouse other than those stated below.

S/N	Name	Relationship	DOB	Contact Details	Consent not obtainable due to	Action
No records found.						

[Add Spouse](#)

#### CHILDREN

\* I confirm that P has no living children other than those stated below.

S/N	Name	Relationship	DOB	Contact Details	Consent not obtainable due to	Action
No records found.						

[Add Child](#)

#### SIBLINGS

\* I confirm that P has no living siblings other than those stated below.

S/N	Name	Relationship	DOB	Contact Details	Consent not obtainable due to	Action
No records found.						

[Add Sibling](#)

#### OTHER RELEVANT PERSONS

\* I confirm that there are no Relevant Persons who have an interest in the Patient's welfare other than those listed below.

S/N	Name	Relationship	DOB	Contact Details	Consent not obtainable due to	Action
No records found.						

[Add Relevant Persons](#)

#### ADDITIONAL INFORMATION

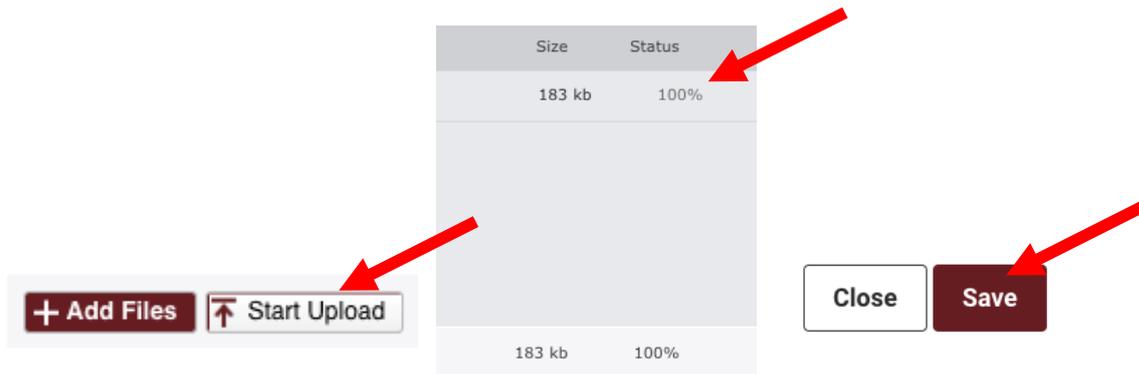
Please provide any additional information regarding the Relevant Persons.

\* I agree to this Application Form and any supporting documents filed herewith being provided to the Relevant Persons listed above. I understand that the Court will send an email to the Relevant Persons whose email addresses I have provided and these Relevant Persons will be granted access to this Application Form and any supporting documents filed with it.

[Cancel & Exit](#)[Previous](#)[Save As Draft](#)[Proceed](#)

## Step 5: Supporting documents

- Please click on “Add a document” and select the appropriate category of document that you will be uploading.
- Select “Add files” and “Start Upload”. Please ensure that it is 100% uploaded and save.



- Please ensure that your file appears under “Supporting Documents” and proceed.

## Application under the Mental Capacity Act



You will need to provide the necessary background information to show why this application is necessary, i.e. why you need to be authorised to consent to medical and dental treatment for P. You will also need to file the following documents: (a) documents to prove that you are related to P (e.g. birth certificate, marriage certificate, adoption order), and (b) documents from P's doctor and/or dentist (if available).

Please also provide the following documents to support your application:

- Patient's Birth Certificate

Please combine all your supporting documents into 1 file.

S/N	File Type	File	Action
1		TEST Supporting doc.pdf	

+ Add a document

< Cancel & Exit

Previous

Save As Draft

Proceed

## **Step 6: Summary page**

You will be directed to “Summary” page to complete Declaration.

- a. At the Declaration section, click on the checkboxes and ensure that one of the radio buttons is checked.

**DECLARATION**

\*  I, [REDACTED], confirm the following:

**1. Consents and past applications concerning P**

a. All the Relevant Persons whose consent can be obtained have consented to this application.

b. P has not registered a Lasting Power of Attorney.

c.  There has not been any past application or order made relating to P under the Mental Capacity Act or the repealed Mental Disorders and Treatment Act.

There have been one or more past applications or orders made relating to P under the Mental Capacity Act or the repealed Mental Disorders and Treatment Act. The case nos. of these past applications are as follows:

**2. Duties and Responsibilities**

a. I understand my responsibilities if I am appointed as Deputy. In particular, I understand that I must act with honesty and integrity and ensure that my personal interests do not conflict with my duty as P's deputy, and I will not use my position for any personal benefit.

b. I will have regard to the guidance in the Mental Capacity Act Code of Practice and act in accordance with the principles set out in Section 3 of the Mental Capacity Act. In particular, I will act and make decisions for P in P's best interests.

c. I will inform the Public Guardian if I have any reason to believe that P no longer lacks capacity and may be able to make his/her own decisions about the matters for which a deputy is sought to be appointed. I understand that I will not have the power to make a decision on P's behalf in relation to a matter if I know or have reasonable ground for believing that P has capacity in relation to the matter.

**3. Eligibility issues**

a. To the best of my knowledge and belief, I have not been the subject of any formal complaint to the Office of the Public Guardian.

b. I have not been suspended or removed in respect of any appointment as Donee or Deputy for anyone.

c. I am not an undischarged bankrupt.

\*  I, [REDACTED] confirm and declare that:

1. the information in this application form is true and correct to the best of my knowledge, information and belief;

2. the scanned copies of the documents submitted herewith are true copies of the originals;

3. I understand that I commit an offence under section 199 of the Penal Code (Cap 224) if I make, in this application form or any supporting document, any statement which is false, and which I know or believe to be false or do not believe to be true, touching any point material to the object for which this application or supporting document is made or used.

- b. Before submitting, you may click on “Preview Application Form”.

Application Form:

[Preview Application Form](#)



Please note that once the "Submit" button is clicked, the application will be submitted.

- c. You will be directed to a pop-up window of a pre-generated pdf file with details of your application form.

**IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE**

**APPLICATION FORM**

**APPLICANT**

**Personal Particulars**

---

NAME  
[REDACTED]

ID	ID TYPE	D.O.B (DD/MM/YYYY)	NATIONALITY
[REDACTED]	NRIC	[REDACTED]	Singapore Citizen

THE APPLICANT IS THE - Father of P

Is the Applicant a Donee or Deputy for any other person? :  No

**Contact Information**

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ADDRESS  
[REDACTED]

EMAIL	MOBILE TEL NO.
[REDACTED]	[REDACTED]

Page 1 of 7

- d. Once verifying that no changes are to be made, you may click "Submit".

Previous

Save As Draft

Submit



e. You will be directed to “Acknowledgement Page”.

## Acknowledgement Page

**✓ ACKNOWLEDGEMENT**

Your application has been **successfully created** on 24/05/2023 at 01:27 PM.

The application number is MCA- [REDACTED]

**Please take note of the application number above as you will need this number for payment and taking further steps in your application.**

Please note that the Applicant(s) and Relevant Persons (if any) must **submit a declaration / consent** and the Applicant(s) must **make payment** before the application can be submitted to the Family Justice Courts.

Please complete the submission of the declaration / consents and make payment for the application before 24 August 2023

[View Application Form](#)

[View Notice of Application](#)

[Print Acknowledgement Page](#)

[Back to Homepage](#)

f. Once you have reached this point, your Application of Long-Term Order has been submitted.

### **Other steps to take note:**

#### **1. Submission of Doctor’s Medical report – Hardcopy**

Applicants who have a hardcopy of doctor’s medical report can upload a copy via iFAMS following the steps below:

a. Click on “Request to Upload Medical Report”.

## Integrated Family Application Management System Mental Capacity Act

### APPLICATIONS FOR URGENT ORDERS

For urgent short-term orders limited to \$5,000 (doctor's report has to be submitted prior to application)

▼

### APPLICATIONS FOR LONG TERM ORDERS

For long-term orders up to \$80,000 which fall under the Mental Capacity Act simplified track (doctor's report has to be submitted prior to application)

▼

### OTHER MATTERS

Doctor filing medical report directly

Uploading of medical report by Lawyer/Applicant

Other requests/applications

+ Request to Upload Medical Report  
Uploading of Medical Report by Doctor or Psychologist

---

+ File Other Applications or Requests

---

**More details**

Doctor's guide  
For more detailed information regarding the types of filing that may be done, please refer to the following [website](#).

b. Click on “Login for Individuals”

### APPLICATIONS FOR URGENT ORDERS

For urgent short-term orders limited to \$5,000 (doctor's report has to be submitted prior to application)

▼

### OTHER MATTERS

Doctor filing medical report directly

Uploading of medical report by Lawyer/Applicant

Other requests/applications

+ Request to Upload Medical Report  
Uploading of Medical Report by Doctor or Psychologist

---

+ File Other Applications or Requests

---

**More details**

Doctor's guide  
For more detailed information regarding the types of filing that may be done, please refer to the following [website](#).

WITH EFFECT FROM 11 APR 2021,  
YOU WILL BE REQUIRED TO LOG IN  
WITH Singpass:

- [Doctor \(non-Corppass\)](#) →
- [Doctor \(Corppass\)](#) →
- [Psychologist \(non-Corppass\)](#) →
- [Psychologist \(Corppass\)](#) →
- [Individuals](#) →
- [Lawyers](#) →
- [Authorised Agency](#) →

Cancel

- c. Upload the doctor's medical report and ensure that the document is 100% uploaded before submitting.
- d. You will be notified via email once the medical report is accepted and proceed to file the application.

**2. When there are 2 applicants:**

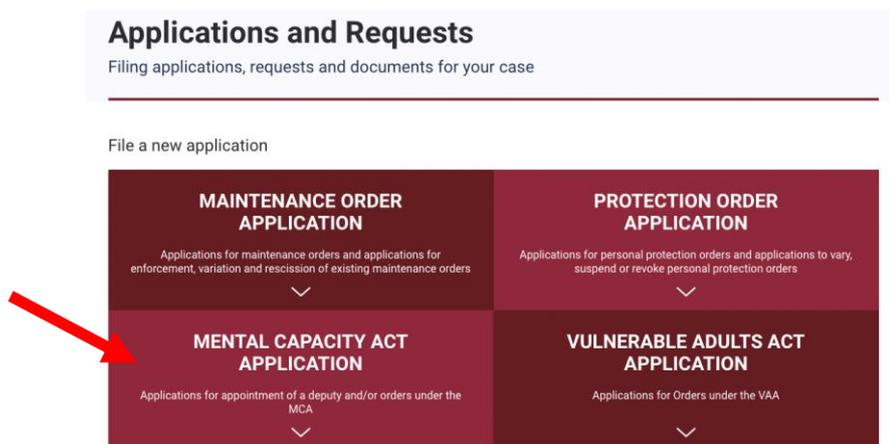
When an MCA Application is filed by 2 Applicants, both applicants (1<sup>st</sup> and 2<sup>nd</sup>) are required to perform declaration for the application.

The 1st Applicant could have done the declaration during the filing of the MCA application since declaration clauses are included within the application and confirmed by the Applicant before submission.

Hence there is no need to perform declaration for the Application unless the filing was made through an Authorized Agency or Counsel or there is a 2<sup>nd</sup> Applicant involved.

However, if Submission of Declaration still have to be done manually by the 2<sup>nd</sup> Applicant, please follow the next few steps:

- a. Click on “Mental Capacity Act Application”.



- b. Click on “Other Matters”. Next, “Submission of Declaration by Applicant”.

## Applications and Requests

Filing applications, requests and documents for your case

File a new application

**APPLICATIONS FOR URGENT ORDER**  
For urgent short-term orders limited to \$5,000 (doctor's report has to be submitted prior to application)

**APPLICATIONS FOR LONG TERM ORDER**  
For long-term orders up to \$80,000 which fall under the Mental Capacity Act simplified track (doctor's report has to be submitted prior to application)

**OTHER MATTERS**  
Doctor filing medical report directly  
Uploading of medical report by Lawyer/Applicant  
Other requests/applications

- > Request to Upload Medical Report
- > **Submission of Declaration by Applicant**
- > Submission of Consent by Relevant Persons
- > Declaration of Service / Consent
- > Submission of Notice of Objection
- > Submission of Payment for Application
- > File Supporting Document
- > Other Applications and Requests

- c. Key in a valid application number manually. Once done, click “Proceed”.

### Declaration for MCA application

#### APPLICANT'S INFORMATION

ID No. [REDACTED]  
Name [REDACTED]

#### APPLICATION NUMBER

Application Number: MCA-APP [REDACTED] [REDACTED]

< Cancel & Exit

Proceed

- d. You will be directed to MCA Declaration Page for Applicant to preview the application.
- e. Tick the checkboxes to confirm and submit the declaration.

# Declaration for MCA application



## APPLICATION DETAILS

Application Number	MCA-APP [REDACTED]
Application Date	24/05/2023
1st Applicant Details	[REDACTED]
2nd Applicant Details	[REDACTED]
Patient Details	[REDACTED]
Application Form	<a href="#">Preview Application Form</a>

## DECLARATION

\*  I, [REDACTED] confirm the following:

### 1. Consents and past applications concerning P

- All the Relevant Persons whose consent can be obtained have consented to this application.
- P has not registered a Lasting Power of Attorneys.
- There has not been any past application or order made relating to P under the Mental Capacity Act or the repealed Mental Disorders and Treatment Act.

### 2. Duties and Responsibilities

- I understand my responsibilities if I am appointed as Deputy. In particular, I understand that I must act with honesty and integrity and ensure that my personal interests do not conflict with my duty as P's deputy, and I will not use my position for any personal benefit.
- I will have regard to the guidance in the Mental Capacity Act [Code of Practice](#) and act in accordance with the principles set out in [Section 3](#) of the Mental Capacity Act. In particular, I will act and make decisions for P in P's best interests.
- I will inform the Public Guardian if I have any reason to believe that P no longer lacks capacity and may be able to make his own decisions about the matters for which a deputy is sought to be appointed. I understand that I will not have the power to make a decision on P's behalf in relation to a matter if I know or have reasonable ground for believing that P has capacity in relation to the matter.

### 3. Eligibility issues

- To the best of my knowledge and belief, I have not been the subject of any formal complaint to the Office of the Public Guardian.
- I have not been suspended or removed in respect of any appointment as Donee or Deputy for anyone.
- I am not an undischarged bankrupt.

\*  I, [REDACTED] confirm and declare that:

- the information in this application form is true and correct to the best of my knowledge, information and belief;
- the scanned copies of the documents submitted herewith are true copies of the originals;
- I understand that I commit an offence under section 199 of the Penal Code (Cap 224) if I make, in this application form or any supporting document, any statement which is false, and which I know or believe to be false or do not believe to be true, touching any point material to the object for which this application or supporting document is made or used.

[< Cancel & Exit](#)

[Previous](#)

[Submit](#)

f. Before submitting, click on “Preview Application Form”.

## Declaration for MCA application



### APPLICATION DETAILS

Application Number

MCA-APP [REDACTED]

Application Date

[REDACTED]

1st Applicant Details

[REDACTED]

2nd Applicant Details

[REDACTED]

Patient Details

[REDACTED]

Application Form

Preview Application Form

- g. You will be directed to a pop-up window of a pre-generated pdf file with details of your application form.
- h. Once verifying that no changes are to be made, click “Submit”.
- i. You will be directed to “Acknowledgement Page”.

Once you have reached this point, your Declaration by Applicant has been submitted.

You may either proceed for payment or print the acknowledge page.

### 3. Submission of Consent of Relevant Person online

- a. Click on “Mental Capacity Act Application”.

b. Click on “Other Matters”. Next, “Submission of Consent by Relevant Persons”.

## Applications and Requests

Filing applications, requests and documents for your case

File a new application

### APPLICATIONS FOR URGENT ORDER

For urgent short-term orders limited to \$5,000 (doctor's report has to be submitted prior to application)

### APPLICATIONS FOR LONG TERM ORDER

For long-term orders up to \$80,000 which fall under the Mental Capacity Act simplified track (doctor's report has to be submitted prior to application)

### OTHER MATTERS

Doctor filing medical report directly

Uploading of medical report by Lawyer/Applicant

Other requests/applications

- > Request to Upload Medical Report
- > Submission of Declaration by Applicant
- > **Submission of Consent by Relevant Persons**
- > Declaration of Service / Consent
- > Submission of Notice of Objection
- > Submission of Payment for Application
- > File Supporting Document
- > Other Applications and Requests

c. Key in a valid application number manually. Once done, click “Proceed”.

## Consent By Relevant Person

**RELEVANT PERSON'S INFORMATION**

ID No. [REDACTED]

Name [REDACTED]

---

**APPLICATION NUMBER**

Application Number: MCA-APP [REDACTED] [REDACTED]

< Cancel & Exit **Proceed**

You will be directed to Consent by Relevant Person Page for Applicant to preview the application.



## Consent By Relevant Person

---

### APPLICATION DETAILS

Application Number	MCA-APP 
1st Applicant Details	
2st Applicant Details	
Patient Details	
Application Form	<a href="#" style="background-color: #800000; color: white; padding: 5px 15px; text-decoration: none;">View Application Form</a>

---

### DECLARATION

\*  I,  confirm and declare that:

1. I have read the Application Form and I consent to this application by the Applicant(s).
2. This consent overrides any past objection filed by me in respect of this application.

---

< [Cancel & Exit](#)

[Previous](#)Submit

d. Click on “View Application Form” to preview the previously filed application.

# Consent By Relevant Person



## APPLICATION DETAILS

Application Number	MCA-APP [REDACTED]
1st Applicant Details	[REDACTED]
2st Applicant Details	[REDACTED]
Patient Details	[REDACTED]
Application Form	<a href="#">View Application Form</a>

You will be directed to a pop-up window of a pre-generated pdf file with details of your application form.

e. Next, tick the checkboxes to confirm and submit the declaration.

## DECLARATION

\*  I, [REDACTED] confirm and declare that:

1. I have read the Application Form and I consent to this application by the Applicant(s).
2. This consent overrides any past objection filed by me in respect of this application.

< Cancel & Exit

Previous

Submit

f. Once verifying that no changes are to be made, click “Submit”.



You will be directed to “Acknowledgement Page”.

The screenshot shows a web page titled 'Acknowledgement'. At the top right, there is a user profile icon. Below the title is a light green banner with a checkmark icon and the text: 'Your consent has been submitted successfully to the Family Justice Courts on 24/05/2023, 02:28 PM for MCA-APP [redacted]'. Below this, it says 'The Applicant will be notified of your submission.' At the bottom of the page, there are two buttons: 'Print Acknowledgement Page' and 'Back to Homepage'.

Once you have reached this point, your Consent by Relevant Person has been submitted.

#### 4. Payment for application

Once all consent and declaration all applicant(s) has been submitted, Applicant(s) will receive an Email and SMS notification to make payment.

- a. Click on “Mental Capacity Act Application”.

The screenshot shows a page titled 'Applications and Requests' with the subtitle 'Filing applications, requests and documents for your case'. Below this is a section 'File a new application' containing a 2x2 grid of buttons. The top-left button is 'MAINTENANCE ORDER APPLICATION' with a sub-description. The top-right button is 'PROTECTION ORDER APPLICATION' with a sub-description. The bottom-left button is 'MENTAL CAPACITY ACT APPLICATION' with a sub-description, and a red arrow points to it. The bottom-right button is 'VULNERABLE ADULTS ACT APPLICATION' with a sub-description. Each button has a downward-pointing chevron icon.

b. Click on “Other Matters”. Next, “Submission of Payment for Application”.

## Applications and Requests

Filing applications, requests and documents for your case

File a new application

**APPLICATIONS FOR URGENT ORDER**  
For urgent short-term orders limited to \$5,000 (doctor's report has to be submitted prior to application)

**APPLICATIONS FOR LONG TERM ORDER**  
For long-term orders up to \$80,000 which fall under the Mental Capacity Act simplified track (doctor's report has to be submitted prior to application)

**OTHER MATTERS**  
Doctor filing medical report directly  
Uploading of medical report by Lawyer/Applicant  
Other requests/applications

- > Request to Upload Medical Report
- > Submission of Declaration by Applicant
- > Submission of Consent by Relevant Persons
- > Declaration of Service / Consent
- > Submission of Notice of Objection
- > Submission of Payment for Application
- > File Supporting Document
- > Other Applications and Requests

c. Choose either “MCA-APP” or “APP” for the Application Number. Key in a valid application number manually. Once done, click “Proceed”.

## Payment for MCA application

Please allow pop-ups for eNETS and your banks' websites before proceeding to payment. This is to avoid 'time-out' errors arising from disabled pop-up blockers.

Please do not close your browser until payment is successfully processed.

Online payments via eNETS Credit (VISA, Master) and eNETS Debit (DBS Bank, OCBC Bank, Standard Chartered Bank or United Overseas Bank) are accepted.

Please click [here](#) for the eNETS FAQ and guide to allow pop-ups for payment.

### APPLICANT'S INFORMATION

ID No. [REDACTED]

Name [REDACTED]

### APPLICATION NUMBER

Application Number: [Please select] 800001 2023

Please check that you have correctly entered your Application No. [Please select] 222) and Party's Identification Number.

< Cancel & Exit

Proceed

This page displays the payment summary for the MCA Application. Where an Application involves the submission of Declaration of Service or Submission of Affidavit by the Counsel, the corresponding fees will be displayed and totalled up for the user to pay.

## Payment Summary

**PAYMENT DETAILS**

S/N	Application Type	Application No.	Amount Payable
1	Application for Long Term Order	MCA-APP [REDACTED]	\$40.00
<b>Total</b>			<b>\$40.00</b>

If this is a legally aided case, please note that your Grant of Aid has NOT been correctly filed, and if you make payment without a Grant of Aid having been filed, there will be no fee waiver and no refund.

If you encounter a payment issue, please double-check the POP-UP BLOCKER setting and try again in 5 minutes.

Please click [here](#) for the eNETS FAQ and guide to allow pop-ups for payment.

Contact IFAMS Helpdesk at 6756 3874 or email: ifamshelpdesk@ecquaria.com if you are facing payment issues.

< Cancel & Exit Pay by Credit Card Pay by Direct Debit

d. Click to proceed to payment by credit or debit respectively.

Pay by Credit Card Pay by Direct Debit

After completion of payment, user will be directed to Payment Acknowledgement page.

## Acknowledgement Page

✔ Please take note of your application number MCA-APP [REDACTED]

Your payment attempt has been submitted to Family Justice Courts on 24/05/2023 at 02:37 PM.

The Family Justice Courts will process your application and you will be notified of the outcome in due course.

View Submitted Application Form Print Acknowledgement Page Back to Homepage

Once you have reached this point, your payment has been submitted.

## 5. Applying for Certified True Copy of iFAMS MCA order

- a. Applicant selects “File Request for Copy of Documents” from Homepage under Other Applications and Requests.

Applications and requests

Your last login was on Wednesday, 24 May 2023 at 02:34:39 PM (SGT)

**Case-related matters**

- > File Notice Of Intention To Act In Person
- > **File request for copy of documents**
- > File request to cancel Warrant of Arrest
- > File request to change Court appointment date / time
- > File request to restore a case
- > Interlocutory Applications
- > Update Contact Information for applications yet to be filed
- > File request to examine Maintenance Record Officer

**Applications**

- > Application for discovery
- > Filing of Notice of Objection
- > Filing of Notice to Dispute Mental Capacity
- > Application for Summons To A Witness
- > Request for Claim against Property

**Payment-related matters**

- > Show proof of payment of maintenance
- > Payment of money into Court
- > Payment of money out of Court

**Find your hearing date**

Find the venue, date and time of your case.

NRIC

**Case Number**

MSS

**Get Information**

- b. Please enter a valid case number and proceed.

## File Application

### APPLICANT'S INFORMATION

ID No.

Name

### APPLICATION INFORMATION

Application Type\*

Case No.\*

< **Cancel and Exit**

**Proceed**

- c. Applicant first selects Reasons for Application and then click “Add Records to Request” and save.

**RECORDS REQUESTED**

S/N	Record Type	Details	Certified True Copy	Action
No records found.				

Reason for Application \*

**Add Records to Request**

Misplaced original copy of

Please select

Misplaced original copy of document(s)

To seek legal advice or representation

For reference

Others

Email Address \*

- d. Proceed to fill up the contact details and submits the application after verifying all the details at Summary Page.

After submission of application, the acknowledgement page with the corresponding application number and application type will be shown.

## File request for copy of documents

✔ Your application has been submitted successfully to the Family Justice Courts on 24/05/2023 at 02:51 PM. The Family Justice Courts will proceed with processing your application and you will be notified of the outcome in due course.

For request of court records, please note that there will be additional charges if court record exceed a certain number of pages. You will be notified on the additional amount to be paid. For details, you may refer the page 2 of the [Form 211](#)

Reference No.: **APP 1/2023**

Application Type : **File request for copy of documents**

[Print Acknowledgement Page](#)

[View Application](#)

[Main Page](#)

**End**