TCAPM Request Form

Request Type	
Full Name	
IC Number	
Car Registration No.	
Comments	
Contact Number	
Email	
Address (as given to TCAPM)	
State	
Postal Code	

NOTE: The above information provided will be used for verification process. As such, kindly: i)
Ensure that the data given is identical with our database.   ii)
Attach a clear copy of MyCard or passport to accelerate the verification process.