

**GUARANTOR'S UNDERTAKING FOR FOREIGN DONOR**

Health Sciences Authority (HSA) has reviewed its policy on blood donation for foreign donors with effect from 19<sup>th</sup> Aug 2014, all foreign donor who do not have a fixed Singapore address will be allowed to give blood if they are able to provide a Singapore address of a Singapore citizen or permanent resident who is willing to act as point of contact for the blood donor and undertake the signing of this consent form.

**SECTION A: DONOR'S PARTICULARS**

Name \_\_\_\_\_

Work Permit/S Pass/E Pass/ Passport \_\_\_\_\_

**SECTION B: GUARANTOR'S PARTICULARS**

Name (Singapore citizen or PR) \_\_\_\_\_ NRIC \_\_\_\_\_

Contact Number & Email \_\_\_\_\_ (HP) \_\_\_\_\_ (Home) \_\_\_\_\_ (Email)

Address \_\_\_\_\_ Postal Code ( \_\_\_\_\_ )

Relations to Donor (Circle one): Family / Friend / Colleague / Employer / Others: \_\_\_\_\_

**SECTION C: GUARANTOR'S UNDERTAKING**

I agree to undertake the responsibility to forward all correspondence between HSA and Donor (mentioned in Section A) for the blood donation on \_\_\_\_\_ (Donation Date).

I certify that all the information contained herein is true and correct to the best of my knowledge and belief. I agree that I must notify Health Sciences Authority of any changes in the information contained on this form with regard to Donor's corresponding address.

\*\*The Donor will be held liable to fulfil the stated responsibility in the Donor Health Assessment Questionnaire and Declaration Form of being truthful; failing which action may be taken against him/her.

Guarantor's Signature & Date \_\_\_\_\_

**SECTION D: DONOR'S APPROVAL OF AUTHORISED REPRESENTATION**

I authorised Guarantor to perform the following actions checked below:

- Receive all information on my behalf
- Receive all letters from Health Sciences Authority that are addressed to me
- Change my address and telephone number

I, therefore request Health Sciences Authority to deliver letters addressed to myself to the Guarantor until you receive further intimation from me in writing.

I hereby waive all claims against Health Sciences Authority arising from information released pursuant to this form.

Donor's Signature & Date \_\_\_\_\_