

PARKING AT ALUMNI MEDICAL CENTRE

Please note that the Alumni Association has implemented a vehicle wheel-clamp penalty for unauthorised parking of vehicles at the Alumni Medical Centre carpark with effect from 1 June 2006. The wheel-clamp release fee is \$200.

SMA Members may park their vehicles at the Alumni Medical Centre carpark only if they are attending to matters at the SMA office or talks/seminars within the premises. Please display your SMA car decal* as proof of your membership. Do note that all visitors to the Alumni Medical Centre are also required to sign in at the Alumni Association's reception counter at Level 1 after parking their vehicles. Your cooperation is greatly appreciated.

*If you do not have your SMA car decal, please email membership@sma.org.sg.
You can purchase it from the SMA Office from Mondays to Fridays, 9 am to 6 pm.

6 MAY 2017, SATURDAY
REGENT HOTEL, ROYAL PAVILION BALLROOM
1 CUSCADEN ROAD, SINGAPORE 249715

Cocktails will be served from 6.15pm
All guests to be seated by 7.15pm



INVITES YOU TO

SMA

ANNUAL DINNER 2017

GUEST OF HONOUR
MR GAN KIM YONG
MINISTER FOR HEALTH

NON SMA MEMBERS' RATE
\$1,500 NETT PER TABLE (\$150 NETT PER PERSON)
SMA MEMBERS' EXCLUSIVE
\$1,200 NETT PER TABLE (\$120 NETT PER PERSON)

*You may bring your own bottle of wine as there is
complimentary corkage waiver for
duty-paid liquor, wine and champagne.*

FOR ENQUIRIES, PLEASE CONTACT MS MELLISSA ANG
TEL: 6223 1264 • EMAIL: DINNER@SMA.ORG.SG



SMA Seminar: Tax Obligations on Medical Practice

Date: 8 April 2017, Saturday
Venue: One Farrer Hotel & Spa

Time: 1 pm to 5 pm
CPE Points: 2

The 2017 Budget Statement was delivered in Parliament on 20 February 2017.

Find out how the budget measures are of relevance to you as a medical practitioner and how it will affect your business. The seminar will highlight the tax obligations of a medical practitioner and how your business can take advantage of any tax planning opportunities.

Who should attend?

Clinic owners (especially new owners and those not represented by tax agents), and representatives who are responsible for the preparation and filing of the Income Tax Return and other corporate tax matters.

1 pm	Registration (Lunch will be provided)
2 pm	Tax Obligations of a Medical Practitioner <i>Mr Shajahan, Principal Tax Auditor, (Individual Income Tax – Ruling & Compliance Branch), Inland Revenue Authority of Singapore (IRAS)</i>
2.30 pm	Productivity and Innovation Credit (PIC) Scheme – Find Out What's New! <i>Mr Lo Yeow Fong, Senior Tax Officer (Individual Income Tax – Self-Employed Branch), IRAS</i>
3 pm	Budget 2017 and Its Relevance to Medical Practitioners <i>Mr Stephen Chew, Principal Consultant, Summit Planners Pte Ltd</i>
3.45 pm	Tax Planning <i>Mr Stephen Chew, Principal Consultant, Summit Planners Pte Ltd</i>
4.30 pm	Questions & Answers
5 pm	End of Seminar

Booth sponsors: DBS TREASURES  PRIVATE CLIENT



Please return this slip for *SMA Seminar: Tax Obligations on Medical Practice* to **Jasmine Soo, Singapore Medical Association, 2 College Road, Level 2, Alumni Medical Centre, Singapore 169850. Tel: 6223 1264, fax: 6224 7827 or email: jasminesoo@sma.org.sg**. A confirmation email will be issued to all applicants.

Name: _____ MCR no.: _____ Specialty: _____

Contact no.: _____ Email: _____

Mailing address: _____

I would like to (inclusive of GST)

- Register myself for the seminar
(SMA Member: complimentary, Non-member: \$80)
- Register my staff to attend on my behalf. Name of staff: _____
(SMA Member: complimentary, Non-member: \$80)
- Register both myself and my staff for the seminar. Name of staff: _____
(SMA Member: complimentary, Non-member: \$100)

By registering for this event, you consent to the collection, usage and disclosure of personal data provided for the purpose of this event, as well as having your photographs and/or videos taken by SMA and its appointed agents for the purpose of publicity and reporting of the event.

Mode of payment

- Credit card
Visa/MasterCard no.: _____ - _____ - _____ - _____
Expiry date: _____ / _____ CW2/CVC2 no.: _____
- Cheque (payable to Singapore Medical Association)
Bank: _____ Cheque no.: _____
Signature: _____ Date: _____