



SGS CO-OP
A Sense Of Belonging

The Singapore Govt. Staff Credit Co-operative Society Ltd.

1 Sophia Road, #05-20/21, Peace Centre, Singapore 228149. Tel: 6337 4936 Fax: 6339 6772

E-mail: admin@sgscoop.sg Website: www.sgscoop.sg UEN. S25CS0001L

MEMBERSHIP APPLICATION FORM

1. PERSONAL PARTICULARS

NRIC: S [] [] [] [] [] [] [] [] [] [] - []

Name: (As in NRIC) _____

Address: _____

Postal Code: _____

Tel: (Office) _____ (Home): _____ (HP): _____

Department: _____ Designation: _____

Gross Salary: _____

Sex: M / F Race: _____ Date of Birth: _____ Marital Status: _____

Bank A/C No: _____ Email Address: _____

2. DEDUCTION FROM SALARY

If my membership is accepted, I hereby authorise the Society to deduct from my salary as follows:-

ONCE ONLY

\$10.00 Entrance Fee (Payable on application)

**SUBSCRIPTION A/C
(Compulsory Savings)**

\$ _____ per month as subscription.

* For minimum contribution, refer Table A.

Table A		SUBSCRIPTION RATE
		Min. - \$10
		Max. - \$50

**SPECIFIC DEPOSIT A/C
(Optional Savings)**

\$ _____ per month as Savings (Minimum: \$10/- per month)

NOTE: Please attach photocopy of both sides of your NRIC and your recent Payslip together with this Form.

I declare that the information given above is true and correct. I agree to be bound by the Society's By-laws and by such amendments as may be made from time to time. I have received a copy of the By-laws.

Section 45(1) of the Co-operatives Societies Act (Cap 62) states "a member of a society may in writing nominate a person in the presence of at least 2 witnesses, to whom on the death of the member the society may transfer the share or interest."

The nomination forms are attached herewith. In the event that there is no Nomination, the balance amount shall be, after deduction of liabilities (if any) handed over to the Administrators or Executors of the Estate of the deceased member.

COLLECTION, USE AND DISCLOSURE OF PERSONAL DATA

I hereby, give permission to the Society to collect, use, disclose or otherwise process the said personal data in accordance with the Personal Data Protection Act (PDPA).

Signature of Applicant

Date

3. PROPOSER (Proposer must be an existing member of the Society)

NRIC: S [] [] [] [] [] [] [] [] [] [] - []

Name: _____

Signature of Proposer

DEPT: _____

FOR OFFICIAL USE

Verified by _____
Signature of Staff

Date