

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

1 Sophia Road, #05-21, Peace Centre, Singapore 228149. Tel: 6337 4936 Fax: 6339 6772 E-mail: admin@sgs.coop Website: www.sgs.coop Reg. No. S25CS0001L

FAMILY MEMBERSHIP APPLICATION FORM

1. PERSONAL PARTICULARS (Photocopy of proof of relationship and NRIC must be attached)

I. I DIGOTTIE I IMETICOL	Taras (Indicator)	production of		
Name of applicant:			NRIC No:	
Name of principal member:			NRIC No:	
Relationship to principal member	n	1		
Address:				
Tel: (H)	(O)		(Hp)	
Company (if applicable):	f applicable):		Gross Salary:	
Date of Birth:	Sex:	Race:	Citizenship:	
Name of the Bank and Bank Acc	ount No.			
Email:				
2. MONTHLY DEDUCTIO		\$10.00 Entrance Fee		
Subscription A/C (Compulsory savings)	;	\$ per month as Subscription (Minimum \$10.00 per month)		
Specific Deposit A/C (Optional savings)	;	\$per month as Specific Deposit (Minimum \$10.00 per month)		
If my membership is accep (tick the option as appropriate)		uthorize the So	ciety to effect deductions as directed	
OPTION 1 via Principal Memb	er's Salary Check	-off		
3. TO BE COMPLETED B	Y PRINCIPAL	MEMBER		
I, of NRIC No being the				
of		(Applicant's name	e), NRIC No	
hereby agree to the above monthl	y deduction from n	ny salary. I underst	and that this decision will be credited into my	
applicant's account and that I shal	l have no claims wh	natsoever to the mo	nies in the account which shall be disbursed in	
accordance with the nomination pro	vided below.			
Principal Member's Signature:		Date:		
OPTION 2 via Standing Instru	ction to Bank			
I,		(Applicant's nam	e), NRIC No	
			ank to effect a deduction payable to SGSCC.	
agree to maintain sufficient funds in	my account for the	deductions.		
Principal Member's Signature:		Date:		

(Please see reverse page)

4. PROPOSER		
Name:		
NRIC No:		
5. NOMINEES		
Under the provision of the Co-operative Societies Act 1979, I	· 2	
of NRIC No nominate	the following person to recei	ve the amount standing to my credit
in the Society.		
Name of Nominee	NRIC No	Relationship
6. DECLARATION I declare that the information given above is true and correamendments as may from time to time be made by them.	ect. I agree to be bound by	the Society's By-laws and by such
Applicant's Signature:	Date	
Applicant's dignature.	Date.	
FOR OFFICE	AL USE ONLY	
Verified By:	Date:	——————————————————————————————————————