



Singapore Port Workers Union
Affiliated to NTUC And I T F
7B, Keppel Road
#12-07, Tanjong Pagar Complex
Singapore 089055
Tel 6321 1512 / 62280 809
Fax 62240570

SINGAPORE PORT WORKERS UNION
ORDINARY MEMBERSHIP APPLICATION FORM

I wish to be an **ORDINARY** member of the **SINGAPORE PORT WORKERS UNION** and pledge to abide by the Rules & Regulations of the Union.

NAME: _____
IN CAPITAL LETTERS

NRIC NO (FOR S'PORE NATIONALITY / PR) _____ RACE: _____

SEX: MALE / FEMALE NATIONALITY: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

MARITAL STATUS: SINGLE / MARRIED / DIVORCED / WIDOWED

ADDRESS: _____

_____ POSTAL CODE: _____

PSA EMPLOYEE NO (FOR FOREIGN EMPLOYEE ONLY): _____

NAME & ADDRESS OF COMPANY: _____

OCCUPATION: _____ DATE JOINED COMPANY: _____

DEPARTMENT: _____ SECTION: _____

TEL (OFFICE): _____ HOME: _____ PG/HP: _____

MONTHLY GROSS SALARY: _____

FOR RE - ADMISSION ONLY

DATE LAST JOINED UNION: _____ DATE LEFT UNION: _____

SIGNATURE OF APPLICANT

DATE

ENCLOSED FORMS (ALL FORMS SHOULD BE COMPLETED & SIGNED)

Encl: Application Form for INTERBANK GIRO

FOR OFFICE USE

DATE RECEIVED: _____

CHECKED BY ORGANISING COMMITTEE CHAIRMAN: _____



UNION MEMBERSHIP APPLICATION FORM FOR INTERBANK GIRO

Form "A"

PART 1 : FOR MEMBER'S COMPLETION

Date	Name of Billing Organisation ("BO") NTUC - UMS
To (Name of Bank)	Member's Name
	Member's Union
Branch	Member's (NRIC / FIN) No.

AUTHORISATION TO BANK

- (a) I / We hereby instruct you to process the BO's instructions to debit my / our account.
 (b) You are entitled to reject the BO's debit instruction if my / our account does not have sufficient funds and charge me / us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
 (c) This authorisation will remain in force until terminated by your written notice sent to my / our address last known to you or upon receipt of my / our written revocation through the BO.

My / Our Name(s) & NRIC/ FIN No. (Account Holder)	My / Our Contact (Tel / Fax) No(s).
My / Our Account No.	My / Our Company Stamp / Signature(s) / Thumbprint(s)* (Account Holder)
PLEASE SIGN OR THUMBPRINT HERE	
<small>(As in Bank's records) For all banks other than POSB/DBS, thumbprints should be affixed in the presence of the bank officer.</small>	

DECLARATION

I agree to:
 A) Keep my union or NTUC informed immediately of any changes to my employment status or personal particulars that affect my membership status or union benefits.

AUTHORISATION

I authorise:
 A) The union and NTUC to assign or transfer my membership and GIRO union dues to an affiliated union as an Ordinary or General Branch member depending on my eligibility for the type of union membership.
 B) The union and NTUC or its Agency to deduct from my GIRO account a sum of \$9.00 monthly or the prevailing rate of union subscriptions and an annual deduction of one-month subscription of \$9.00 to NTUC. NTUC reserves the right to amend the above conditions subject to its expediency.

If there are any changes to the prevailing rate of union subscriptions, I shall be informed in advance by my union or NTUC through public notice.

Signature of Applicant

Date

PART 2 : FOR BILLING ORGANISATION'S COMPLETION

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Bank</th> <th style="width: 15%;">Branch</th> <th style="width: 70%;">Billing Organisation's Account No.</th> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">1</td> <td style="text-align: center;">7 1 0 0 1 0 0 1 0 6 4 8 1 1 0</td> </tr> </table>	Bank	Branch	Billing Organisation's Account No.	7	1	7 1 0 0 1 0 0 1 0 6 4 8 1 1 0	Billing Organisation's Member's Reference No. <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
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PART 3 : FOR BANK'S COMPLETION

To: **NTUC - UMS**
 NTUC Customer Service Centre
 NTUC CENTRE, No 1, Marina Boulevard, #B1-01 One Marina Boulevard, Singapore 018989

This Application is hereby **REJECTED** (please tick) for the following reason(s) :

<input type="checkbox"/> Signature / Thumbprint# differs from Bank's records	<input type="checkbox"/> Wrong account number
<input type="checkbox"/> Signature / Thumbprint# incomplete / unclear#	<input type="checkbox"/> Amendments not countersigned by customer
<input type="checkbox"/> Account operated by signature / thumbprint#	<input type="checkbox"/> Others : _____

_____ Name of Approving Officer
 _____ Authorised Signature
 _____ Date

For thumbprint, please go to the branch with your Identity Card / Work Permit
 * Members should countersign against any amendments made on the form