



# UNITED WORKERS OF PETROLEUM INDUSTRY

37 TESSENHORN ROAD, SINGAPORE 217658  
TEL: 6466 0266 FAX: 6468 5404 Website: www.uwpi.org.sg

## UWPI MEMBERSHIP WELFARE BENEFIT SCHEME

NAME	:	_____	BRANCH	:	_____
		(as per NRIC)			(Company name)
EMAIL	:	_____	DATE OF SUBMISSION	:	_____
NRIC NO.	:	_____	DATE OF BIRTH	:	_____
		(last 4 characters)			(dd/mm/yyyy)
NAME	:	_____	CONTACT NO.	:	_____
		(as per bank's record)			
BANK ACCT NO.	:	_____	BANK NAME	:	_____

PLEASE TICK ☒ ONE OF THE BOXES BELOW AND ATTACH ALL RELEVANT SUPPORTING DOCUMENTS. THIS FORM MUST REACH UWPI OFFICE NO LATER THAN 4 MONTHS FROM THE DATE THE RELEVANT DOCUMENTS WAS ISSUED.

### CATEGORIES :-

(A) MARRIAGE BENEFIT (Attach Marriage Certificate)	\$ 50.00	<input type="checkbox"/>	(E) EDUCATION GRANT BENEFIT : (Include copy of result slips)	
(B) CHILD BIRTH BENEFIT (Attach Birth Certificate)	\$ 50.00	<input type="checkbox"/>	PSLE \$60.00 (Scoring = 18 points below)	<input type="checkbox"/>
(C) DEPENDANT'S DEATH BENEFIT (Attach Parent's / Spouse's / Children's Death Certificate)	\$ 50.00	<input type="checkbox"/>	'O' LEVEL \$120.00 (5 subjects including English = 12 points)	<input type="checkbox"/>
(D) HOSPITALISATION BENEFIT (Attach Hospitalisation leave & Impatient Discharge summary)	\$ 50.00	<input type="checkbox"/>	'A' LEVEL \$180.00 (Minimum 4 H2 & 1H1)	<input type="checkbox"/>



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### **DECLARATION BY MEMBER/APPLICANT**

1. I, the undersigned, declare that the particulars stated in this application form are true and correct.
2. I acknowledge that I may be required to furnish other supporting documents for verification and audit purposes.

#### **Collection, Use and Disclosure of Personal Data:**

1. I consent to the collection, use, disclosure and retention of my personal data by UWPI for the purposes of:
  - (a) processing, administering and managing my registration for the UWPI Membership Welfare Benefit Scheme; and
  - (b) carrying out verification of my membership status and/or information that I have provided in this application form.
2. I further declare that, where this application form requires the personal data of my family members, I have obtained their consent for the collection, use, disclosure and retention of their personal data, for the purpose of processing my application for the UWPI Membership Welfare Benefit Scheme.
3. I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number and my family members' NRIC/FIN numbers is necessary to accurately establish our identities to a high degree of fidelity in relation to my application for the UWPI Membership Welfare Benefit Scheme.
4. I consent to be contacted by UWPI via email, text messages, calls and/or post for matters relating to my application for the UWPI Membership Welfare Benefit Scheme and other membership matters, as well as to obtain my opinion/feedback on such matters.
5. I will also keep UWPI informed immediately of any changes to my contact details, employment status and/or personal particulars that may affect my membership status and benefits and in order for UWPI to contact me for all matters relating to the UWPI Membership Welfare Benefit Scheme.
6. I understand that the decision made by UWPI on the outcome of this application shall be final.

For enquiries on personal data protection matters, please email to [dpo@ntuc.org.sg](mailto:dpo@ntuc.org.sg)

For all other enquiries, please email to [staff@uwpi.org.sg](mailto:staff@uwpi.org.sg).

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Signature of applicant

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Date

**VERIFIED BY :** BRANCH CHAIRMAN / SECRETARY

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SIGNATURE / NAME

**FOR UWPI USE ONLY**

**APPROVED BY :**

PRESIDENT / VICE PRESIDENT

GENERAL SECRETARY

GENERAL  
TREASURER

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SIGNATURE /NAME

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SIGNATURE / NAME

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SIGNATURE / NAME