

**SINGAPORE BUS SERVICE WORKERS' TRUST FUND**

**WELFARE APPLICATION – LONG TERM ILLNESS**

CLAIM REF. NO. \_\_\_\_\_

**I**     PARTICULARS OF MEMBER

Name of Member \_\_\_\_\_ NRIC No. \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Name of Branch \_\_\_\_\_

I, \_\_\_\_\_ hereby declare that I have been hospitalized  
from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_ (location).

The doctor's Medical Certificate Nos. \_\_\_\_\_  
are attached herewith for your approval.

**Declaration Of Member**

1. I, the applicant, declare that I have understood and complied with the eligibility criteria stated in this application form and the particulars stated in this application are true and correct, and that I have not wilfully withheld any material fact.
2. I have noted that I may be required to furnish other supporting documents for verification and audit purposes.

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

3. I consent to my personal data being collected, used and retained by NTWU for the purposes of:  
(a) processing, administering and managing my application for SBS WTF Long Term Illness claim; and  
(b) carrying out verification and updates of my membership status and/or information I have provided in this application form.
4. I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number and my family members'\*/nominees' NRIC/FIN numbers is necessary to accurately establish my identity and my family members'/nominees' identity to a high degree of fidelity in relation to SBS WTF Long Term Illness claim and I agree to my NRIC/FIN numbers and my family members'/nominees' NRIC/FIN numbers being collected, used and/or disclosed for the said purpose.  
\*pertains to family members within the same household
5. I consent to my personal data being disclosed by the Union to their authorised data intermediaries for the purposes of processing, administering and managing my application for SBS WTF Long Term Illness claim.
6. I consent to be contacted by NTWU via emails, text messages or post for matters relating to my application to SBS WTF Long Term Illness Claim and other membership matters, as well as to obtain my opinion/ feedback on such matters.
7. For the purposes of employment-related matters, I consent to Union obtaining my personal data and relevant data relating to my employment from my company.

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

\_\_\_\_\_  
Full Name of Applicant                      NRIC/ FIN No.                      Signature                      Date

**II**     CONFIRMATION OF BRANCH SECRETARY

The Doctor's Medical Certificate Nos. \_\_\_\_\_  
have been sighted.

Date .....

Signature .....

III VERIFICATION BY FINANCE DEPARTMENT

Membership No. \_\_\_\_\_ Date of Joining \_\_\_\_\_

Arrears in Subscriptions from \_\_\_\_\_ to \_\_\_\_\_

No. of Claims \_\_\_\_\_ amount of benefit \_\_\_\_\_

Checked by \_\_\_\_\_ Verified by \_\_\_\_\_

The above member is / is not entitled to the claims.

Remarks \_\_\_\_\_

IV APPROVAL BY EXECUTIVE SECRETARY / DEPUTY EXECUTIVE SECRETARY

Approved / Disapproved

Date .....

Signature .....



**NATIONAL TRANSPORT WORKERS' UNION (NTWU)  
APPLICATION FORM FOR INTERBANK GIRO**

- This form is to be completed by the member.
- Payment will be credited directly into the bank account stated below through interbank giro.
- Complete and return the original form to NATIONAL TRANSPORT WORKERS' UNION, 16B/18B LORONG 37 GEYLANG, NTWU BUILDING, SINGAPORE 387912.
- Do not use correction fluid when making alterations. Amendments made on the form must be countersigned.
- I consent to my personal data being collected, used and retained by the Union for the purpose of processing, administrating and managing interbank giro transaction.

**Please complete Part I and Part II only**

**Part I : Particulars (To Be Completed)**

**To: NATIONAL TRANSPORT WORKERS' UNION (NTWU)**

Name as in bank account : \_\_\_\_\_

Bank Name : \_\_\_\_\_ Branch Name : \_\_\_\_\_

Bank Account Number : 

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- I/We hereby authorise NATIONAL TRANSPORT WORKERS' UNION to credit payment due to me into the above account.
- This authorisation shall continue to be in force until I/we have expressly revoked it by notice in writing.  
The Union may in your absolute discretion terminate this arrangement by giving 30 days advance notice in writing to my/our address stated above.
- In the event of a change in account number, I/we shall inform the Union in writing 30 days in advance before the change.
- I/We hereby declare that the above furnished information is true to the best of my/our knowledge.

\_\_\_\_\_  
Authorised Signature(s) As in Bank's Record \_\_\_\_\_ Date

**Part II : Verification of Bank Details (Mandatory)**

There are **two methods** to complete Part II. You may choose any one method:

Attached a copy of bank statement / bank passbook (without banking transaction) showing bank name and account number to this form,

**OR**

Go to the bank for the section below to be completed and verified by an authorised bank officer.

**For Bank's Completion**

**To: NATIONAL TRANSPORT WORKERS' UNION (NTWU)**

We hereby confirm that the signature(s) affixed in Part I above is/are consistent with our records and that the particulars of the account are correct.

\_\_\_\_\_  
Name/Signature of Authorised Bank Officer & Bank's Stamp \_\_\_\_\_ Date

**For Official use (To Be Completed by NTWU)**

\_\_\_\_\_  
Verified by Supervisor (Signature & date)

\_\_\_\_\_  
Approved by Accountant (Signature & date)