



NATIONAL TRANSPORT WORKERS' UNION SPECIAL RELIEF FUND APPLICATION FORM

1. Applicant must be a NTWU Ordinary Branch (OB) or Direct Service General Branch (DSGB) member with at least 3 months of continuous paid-up membership as at the point of application.
2. Application must be submitted within 30 days of occurrence via the Branch Chairman or IRO-in-charge. Incomplete or incorrect application form may be rejected.
3. NTWU reserves the right to amend, modify or change any of the terms and conditions at any time and without prior notice. (Changes are subjected to approval by Registry of Trade Unions)
4. Approval of application is subjected to meeting the eligibility criteria and consideration on a case-by-case basis.

A. PARTICULARS OF NTWU MEMBER

Full Name (as in NRIC/FIN)		Gender												
NRIC/ FIN No.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>													Date of Birth: (dd/mm/yyyy)
Home Address in Singapore	Postal Code ()	Email:												
Mobile No	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>													Marital Status: Single/ Married/ Divorced/ Separated/ Widowed*
Home Tel:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>													Gross Monthly Income: \$
Company/ Branch name:	Occupation:													

Reason for Application	Required supporting documents
<input type="checkbox"/> Retrenchment of member with delayed/ no retrenchment benefits	Retrenchment letter
<input type="checkbox"/> Death of Member (sole breadwinner)	Death certificate Marriage / Birth certificate
<input type="checkbox"/> Long-term/ critical illness of Member / immediate family member	Doctor's medical report
<input type="checkbox"/> Natural calamity or accident	Police Report
<input type="checkbox"/> Others	Any supporting documents (e.g. photographs or referral letters)
Please also attach the following form together with your application:	NTWU GIRO Form

B. PARTICULARS OF FAMILY MEMBERS STAYING IN THE SAME HOUSEHOLD

Please attach a separate sheet if space is insufficient

Full Name (as in NRIC / FIN/ Birth Cert)	NRIC/FIN/ Birth Cert number	Date of Birth (dd/mm/yyyy)	Relationship to Member	Gross Monthly Income (include OT & allowances)	Occupation

C. CONTACT DETAILS OF APPLICANT (PLEASE SKIP THIS SECTION AND GO TO SECTION D IF YOU ARE AN NTWU MEMBER)

Full Name (as in NRIC / FIN)	Relationship to Member
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Home Tel: Mobile: _____ Email: _____

D. DECLARATION BY APPLICANT (MEMBER/ NEXT-OF-KIN)

- 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 willfully withheld any material fact.
- 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

- I consent to my personal data being collected, used and retained by NTWU for the purposes of:
 - processing, administering and managing my application for NTWU Special Relief Fund; and
 - carrying out verification and updates of my membership status and/or information I have provided in this application form.
- 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 NTWU Special Relief Fund 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
- 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 NTWU Special Relief Fund.
- I consent to be contacted by NTWU via emails, text messages or post for matters relating to my application to NTWU Special Relief Fund and other membership matters, as well as to obtain my opinion/ feedback on such matters.
- 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

Full Name of Applicant NRIC/ FIN No. Signature Date

For Branch Chairman/ IRO Use

I, _____, Branch Chairman/ IRO* support/ do not support* the application.

Remarks:

For Finance Department

Application received on:	Date join Union:	Supporting documents <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	Checked By:
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For Official Use

<p>Approved / Disapproved by:</p> <p><input type="checkbox"/> Executive Secretary/ General Secretary</p> <p><input type="checkbox"/> Executive Committee (Welfare committee to submit recommendation)</p> <p>Amount of Grant:</p>	<p>Authorised by ES / DES / AES:</p> <p>_____</p> <p>Signature Date</p>
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