

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									Gender
(as in NRIC/FIN)									
NRIC/ FIN No.								Date of Birth:	
								(dd/mm/yyyy)	
Home Address									Email:
in Singapore									
						Po	ostal C	Code ()	
Mobile No								Marital Status:	
								Single/ Married/ Divorced/ S	eparated/ Widowed*
Home Tel:								Gross Monthly Income: \$	
Company/								Occupation:	
Branch name:									

Reason for Application	Required supporting documents					
Retrenchment of member with	Retrenchment letter					
Death of Member (sole breadw	Death certificate Marriage / Birth certificate					
Long-term/ critical illness of Me	Doctor's medical report					
Natural calamity or accident	Police Report					
Others	Any supporting documents (e.g. photographs or referral letters					
Please also attach the following fo	NTWU GIRO Form					
B. PARTICULARS OF FAMILY N Please attach a separate sheet if s			E HOUSE	HOLD		
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 / F	N)	Relationship to Memb							
Home Tel: Mobile: Email:									
D. DECLARATION BY AF	PLICANT (MEMBER/ NEX	T-OF-KIN)							
1. I, the applicant, declar and the particulars sta fact.	re that I have understood an ated in this application are tru	d complied with the eligibili ue and correct, and that I ha	ave not willfully w	vithheld any material					
2. I have noted that I ma	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 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 NTWU Special Relief Fund; and (b) 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 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. 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 relevant data relating to my employment-related matters, I consent to Union obtaining my personal data and relevant data relating to my employment from my company. 									
Full Name of Applicant	NRIC/ FIN No.		Date						
For Branch Chairman/ IR	O Use								
I, Remarks:	, Branch Chairmar	n/ IRO* support/ do not sup	port* the applicat	ion.					
For Finance Department Application received on: Date join Union: Supporting documents Checked									
	,		Complete Incomplete						
For Official Use Approved / Disapproved Authorised by ES / DES / AES:									
Approved / Disapproved by: Executive Secretary/	General Secretary		Authorised by	eð / deð / aes:					
Executive Committee (Welfare committee to submit recommendation)									
Amount of Grant:		Signature	Date						



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

- \cdot 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 :	nch Name :					
Bank Account Number :						
 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 Part II : Verification of Bank Details (Mandat	Date					
There are <u>two methods</u> to complete Part II. You Attached a copy of bank statement / bank passbook account number to this form, OR Go to the bank for the section below to be completed For Bank's Completion	but banking transaction) showing bank name and					

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)