



**NATIONAL TRANSPORT WORKERS' UNION
SBST/ NTWU WELFARE SCHEME**

WELFARE APPLICATION – SBST HARDSHIP ASSISTANCE

1. Member must be a SBST Ordinary Branch (OB) member with at least 6 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. **Late applications must be accompanied with a letter to explain the reason for the delay, subject to Welfare Sub-Committee's approval.**
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	<div style="display: flex; justify-content: space-between;"> Postal Code () Email: </div>													
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> </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> </tr> </table>												Gross Monthly Income: \$	
Company/ Branch name:	Occupation:													

B. REQUIRED SUPPORTING DOCUMENTS

- Photocopy of Member 's NRIC
- NTWU GIRO Form

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)	<ul style="list-style-type: none"> Death certificate Marriage / birth certificate
<input type="checkbox"/> Long-term/ critical illness of member/ immediate family member	<ul style="list-style-type: none"> Doctor's medical report Medical Bills (if any)
<input type="checkbox"/> Natural calamity or accident	Police Report
Others:	Any supporting documents (e.g. photographs or referral letters)

C. 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	Date of Birth (dd/mm/yyyy)	Relationship to Member	Gross Monthly Income (include OT & allowances)	Occupation

D. CONTACT DETAILS OF APPLICANT (PLEASE SKIP THIS SECTION AND GO TO SECTION E IF YOU ARE A SBST MEMBER)

Full Name (as in NRIC / FIN)

Relationship to Member

Home Tel: _____ Mobile: _____ Email: _____

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

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 SBST Hardship Assistance 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 SBST Hardship Assistance 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 SBST Hardship Assistance.
6. I consent to be contacted by NTWU via emails, text messages or post for matters relating to my application to SBST Hardship Assistance 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.

Full Name of Applicant

NRIC/ FIN No.

Signature

Date

For Branch/ Branch Welfare Sub-Committee's Use

Remarks/Reasons:

Recommended Amount of Assistance:

Name of Branch Official & Signature

Date of Branch Meeting when endorsed

CONFIRMATION BY IRO-IN-CHARGE

- (1) The application and the supporting documents have been sighted.
- (2) I verify/do not verify* that the above application is in genuine need of assistance
- (3) I, _____, support/ do not support* the application.

_____ _____
Signature Date

Remarks:

For Finance Department

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

For Official Use

<p>Approved / Disapproved by:</p> <p><input type="checkbox"/> Executive 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 style="text-align: center;">_____</p> <p style="text-align: center;">Date Signature</p>
---	--



**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 :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- 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)