

National Transport Workers' Union 全国交通工友联合会

APPLICATION FOR DEATH BENEFITS SMRT BUSES PRC MEMBERS

Criteria

- Member must have at least 6 months paid-up union membership subscription
- Member has to submit claim within one month from date of deceased

Section A : Particulars of Member				
Full Name:	Passport Number:	Work Permit Number:		
Contact No:				
Deceased relationship to applicant (tick appropriate box)			
□ Father □ Husband	□ Mother □ Wife			
I have attached the following suppor	ting documents (tick appropriate box)			
□ Photocopy of Claimant N	RIC/Work Permit			
Death Certificate				
□ Birth Certificate				
Marriage Certificate				
NTWU GIRO Form				
I declare that all information provided is true.				
Declaration Of Member				
	derstood and complied with the eligibility criteri			
and the particulars stated in this application are true and correct, and that I have not willfully withheld any material fact.				
2. I have noted that I may be required to f	urnish other supporting documents for verificati	ion and audit purposes.		
Collection, Use and Disclosure of Persor				
 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 SMRT Buses Death Benefits (PRC Members); and 				
 (b) carrying out verification and updates or form. 	f my membership status and/or information I h	ave provided in this application		
4. I acknowledge that the collection, use a	and/or disclosure of my NRIC/FIN number and curately establish my identity and my family m			
high degree of fidelity in relation to S	SMRT Buses Death Benefits (PRC Members)) and I agree to my NRIC/FIN		
numbers and my family members /nom	inees' NRIC/FIN numbers being collected, use	ed 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 SMRT Buses Death Benefits (PRC Members). I consent to be contacted by NTWU via emails, text messages or post for matters relating to my application to SMRT Buses Death Benefits (PRC Members) 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			Date	
Witnessed by Branch Chairman / Secretary				
Date:		Signature:		
Official Sec	ction B : To be ver	rified by Finance I	Department	
Date Join:	Arrears in Subscriptions: Amount of Benefit:			
Checked By:		Verified By:		
The above member is / is not entitled to the claim (Please circle appropriate).				
Remarks (if any):				
Approval by Deputy Executive Secretary / Executive Secretary				
□ Disapproved				
Date:		Signature:		



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)