

MEMBERSHIP APPLICATION



Please attach: Photocopy of NRIC Latest Payslip

I PERSONAL PARTICULARS

Full Name (as in NRIC/FIN)

NRIC/FIN No

Date of Birth (DD/MM/YYYY)

Gender

Residential Address

Nationality

Contact No (HP/Home/Office)

Email Address

Name of Employer

Designation

Date Joined Service

Name of Bank

Bank Branch

Bank Account No

II INTRODUCER

Name

III APPLICATION TERMS

1. If admitted, I hereby authorized my employer to deduct the following from my salary in accordance with the By-Laws of the AUPE Credit Co-operative Ltd (hereinafter referred to as the "Co-operative") or any other payments including loan repayments, or by interbank GIRO if check-off facility is not available:
 - (a) Entrance Fee (once only): \$5
 - (b) Shares Capital (once only): \$25 (twenty-five (25) shares valued at \$1 each)
 - (c) Subscription Deposit (compulsory): \$10 per month
 - (d) Savings Deposit (min. \$10): \$ _____ per month
2. I hereby declare that I am neither an undischarged bankrupt nor am I under any debt repayment scheme under the Bankruptcy Act.
3. I acknowledge and agree that the dividend earned from my shares and subscription will be credited into my Co-operative Savings Deposit account.
4. I hereby declare that the information furnished by me are true and accurate and that if there is any change in particulars. I will inform the Co-operative in writing immediately.
5. I agree to be bound by the Co-operative's By-Laws and amendments made thereto from time to time.
6. I consent to my personal data including NRIC being collected, used and retained by the Co-operative for the purpose of processing, administering and managing my Co-operative membership.
7. I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number is necessary to accurately establish my identity to a high degree of fidelity in relation to services provided by the Co-operative including all financial-related matters and education grants.
8. I consent to be contacted by the Co-operative via email, text messages, phone, fax, and/or post for matters relating to membership and its privileges.

Signature of Member

Date

MEMBERSHIP APPLICATION



IV NOMINATION OF BENEFICIARY

In accordance with Sections 26 and 45 of the Co-operative Societies Act,

I NRIC/FIN No

nominate the person(s) named below to receive according to the shares set down against his/her/their name(s) of all sums payable by the Co-operative on my death. The nominee's entitlement should be indicated in percentage and the total entitlement should not exceed 100%.

Nominee's Name (as in NRIC/FIN/BC)	NRIC/FIN/BC No	Relationship	Contact No	Share %

In the event that any of my beneficiaries is below 21 years at the time of claim following my death, the person named below will act as a guardian for the minor(s).

Name of Guardian NRIC/FIN no

Handphone No Email Address

Signature of Member

Date

WITNESSES TO NOMINATION

Witness No. 1 _____ Signature and Date _____ Name _____ NRIC No	Witness No. 2 _____ Signature and Date _____ Name _____ NRIC No
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V DECLARATION OF INDIVIDUAL TAX RESIDENCY

Country / Jurisdiction of Residence Taxpayer Identification (TIN) No*

*For Singaporean or Singapore PR, your TIN No. is the same as your NRIC No. Please let us know if you do not have a TIN.

I certify that I am the Account Holder of all the account(s) to which this form relates. I acknowledge and understand that the information contained in this form is collected and kept by the Co-operative for the purpose of exchange of financial account information; and information regarding the Account Holder and any Reportable Account(s) may be reported to the Inland Revenue Authority of Singapore and exchanged with tax authorities of another country /jurisdiction in which the Account Holder may be tax resident pursuant to the international tax compliance agreements to exchange financial account information under the Income Tax Act.

I hereby declare that the information furnished by me are true and accurate and that if there is any change, I will inform the Co-operative immediately.

FOR OFFICIAL USE ONLY

Approved Secretary's Signature/Date _____

Not Approved _____

Membership # _____

Processed Date: _____

Name of Staff: _____

**BUSINESS REPLY SERVICE
PERMIT NO. 05782**



AUPE Credit Co-operative Ltd
Wisma AUPE
295 Upper Paya Lebar Road
Singapore 534929

Savings | *Be prepared for tomorrow,
Save regularly*

Subscription Deposit Account

A compulsory savings account (\$10 a month)
Offering good dividends

Savings Deposit Account

An optional savings account (min \$10 a month)
Earn high interest

Term Deposit Account

Choose from 6-month, 12-month and
18-month tenure

Loans | *Lower interest, Better control*

Available loan products:

1. Personal Loan
2. Renovation Loan
3. Marriage Loan
4. Education Loan
5. Medical Loan
6. Consolidation Loan

Competitive annual interest rates

Repayments up to : 36 months

Benefits | *Being with us have
its privileges*



Exclusive Birthday Gift
for members



Study Grants for your children
ranging from \$100 to \$350
(from primary to tertiary levels)



Hospitalisation Benefit Scheme:

Receive \$20 for each day of
hospitalisation in Singapore



Membership Online Portal:

Register an account through
our membership online portal
at www.aupe.org.sg/acc to view
your account and loan balances,
monthly statements and monthly
transactions on your electronic
devices anytime, anywhere

Request for saving deposit acct
withdrawal can be made via the
portal and the monies will be
transferred to your bank
account via our FAST service

AUPE Credit Co-operative Limited

A credit co-operative since 1965



Our Services and Benefits include:

Grow your money faster in a safe and easy way

Earn attractive interest when you save with us

Get extra cash for the important things in life

Various types of loans to cater to
your different needs in life

Find out how we can help you today!

**Level 3 Wisma AUPE
295 Upper Paya Lebar Road
Singapore 534929
WhatsApp: 85115067
Email: coop@aupe.org.sg
Website: www.aupe.org.sg/acc**

APPLICATION FOR INTERBANK GIRO

PART 1 : FOR MEMBER'S COMPLETION	
Date	Name of Billing Organisation ("BO"): AUPE Credit Co-operative Limited
To (Name of Bank)	Member's Name
Branch	Member's NRIC / FIN No.

- (a) I / We hereby instruct you to process the AUPE Credit Co-operative Limited instructions to debit my/our account.
 (b) You are entitled to reject the AUPE Credit Co-operative Limited debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results is an overdraft on the account and impose charges accordingly.
 (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the AUPE Credit Co-operative Limited.

Name(s) of Bank Account Holder(s)	My/Our Contact (H/O/HP) Number(s)
My/Our Bank Account Number	My/Our Signature(s) / Thumbprint(s) / Company Stamp (Account Holder)
_____	(As in Bank's records)

PART 2 : FOR BILLING ORGANISATION'S COMPLETION		
Bank/Finance	Branch	AUPE Credit Co-operative Limited Bank Account No.
9 4 9 6 0 0 9 0 9 0 8 3 0 6 9 8 9		Billing Organisation's Member's Reference No.
Bank/Finance	Branch	Account No. to be debited

PART 3 : FOR BANK'S COMPLETION		
To: Billing Organisation		
This Application is hereby REJECTED (please tick) for the following reasons		
<input type="checkbox"/> Signature/Thumbprint# differs from Financial Institution's records <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear# <input type="checkbox"/> Account operated by signature/thumbprint# <input type="checkbox"/> Wrong account number <input type="checkbox"/> Amendments not countersigned by customer <input type="checkbox"/> Others: _____		
_____	_____	_____
Name of Approving Officer	Authorised Signature	Date