



APPLICATION FORM FOR OCC UNION TEMPORARY CORPORATE PASS

Application must be submitted at least **2 weeks** prior to dates applied for.

Branches

AIC/AH/ALPS/AMKCH/CGH/IHIS/IMH/KKH/KTPH/NCC/NDC/NHC/NHGP/NHGHQ/NSC/NTFGH/NTUCHealth/NUH/NUP/SGH/SHP/SHHQ/SKH/SNEC/TTSH/Others: _____

Particulars of Member

Name : NRIC/FIN : _ X X X X _ _ _ _

Address :

..... Contacts :(HP)

Dates applied for :

Weekdays: Monday – Thursday

Weekends: Friday - Sunday

From : To

Type of pass required (Pls tick one):

Social <input type="checkbox"/>	Golf <input type="checkbox"/>
---------------------------------	-------------------------------

Collection, Use and Disclosure of Personal Data

1. I, the undersigned, declare that the information that I have provided in this application form is true and correct and that I am making this OCC Temporary Corporate Pass application as a member of the Healthcare Services Employees' Union ("HSEU").
2. I consent to my personal data being collected, used and retained by HSEU for the purposes of:
 - a. Processing, administering, and managing my OCC Temporary Corporate Pass application; and
 - b. Carrying out verification and updates of my membership status and/or information I have provided in this application form.
3. I consent to my personal data being disclosed by HSEU to Orchid Country Club ("OCC") and/or authorised third parties for the latter to collect, use and retain my personal data for the purpose of processing, administering, and managing my OCC Temporary Corporate Pass application and for audit purposes.
4. I will inform HSEU immediately of any changes to my contact details and/or personal data in order that HSEU is able to contact me for all matters relating to my OCC Temporary Corporate Pass application.
5. I consent to be contacted by HSEU/OCC via email, text messages, calls and/or post for matters relating to my OCC Temporary Corporate Pass application and other membership matters, as well as to obtain my opinion/feedback on such matters.
6. I agree that a photocopy of this application form shall be treated as valid as the original.

For enquiries on personal data protection matters, please email to dpo@ntuc.org.sg. For submission and all other enquiries, please email to hseu@ntuc.org.sg.

.....
Signature of Member/Date

.....
Union Official Name / Signature

For Official Use

Processed by :

Social / Golf account numbers :

Mailed : / Collected :

OCC Card No : UC