

# KEPPEL EMPLOYEES UNION

51 PIONEER SECTOR 1, SINGAPORE 628437

Tel: 65588677, 678, 679 Fax: 65588676

## APPLICATION FOR NEW MEMBERSHIP (ORDINARY)

NAME: \_\_\_\_\_

(Other Name)

SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ NRIC/Passport No: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ FIN NUMBER \_\_\_\_\_

(For Foreign employees only)

HOME ADDRESS: \_\_\_\_\_

WORKING IN: \_\_\_\_\_ TRADE/DESIGNATION: \_\_\_\_\_

(Section)

ADDRESS OF EMPLOYER: \_\_\_\_\_

NO. OF YEARS WITH EMPLOYER: \_\_\_\_\_ TICKET/EMP NO; \_\_\_\_\_

SALARY INCLUDING NWC SUPPLEMENT PLUS PERSONAL ALLOWANCE: \_\_\_\_\_

PROPOSED BY: \_\_\_\_\_ T/E NO: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_ T/E NO: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date of Application form received: \_\_\_\_\_

Date of Application approved/rejected: \_\_\_\_\_

MEMBERSHIP NO; \_\_\_\_\_