



SINGAPORE INSURANCE EMPLOYEES' UNION

(Registered Under Trade Union Act No. 331/1955)

190 Middle Road, #10-07 Fortune Centre, Singapore 188979. TEL: 6337 0273 FAX: 6336 2008

WEDDING / BABY GIFT (BENEFIT CLAIM FORM)

Company : _____

Member's Name : Mr / Mdm / Ms _____

Member's NRIC : XXXXX

--	--	--	--

 (last 3 digits and letter)

Member's Address : _____

Member's Contact No. : _____

Please tick (✓) appropriately

Baby Gift (Boy / Girl)
• For new born child

Date of Birth : _____

Wedding Gift (Within 1 (ONE) Year Customary or ROM)
• For first legal marriage

COLLECTION, USE AND DISCLOSURE OF PERSONAL DATA

1. I agree and consent to the collection, use, retention and disclosure of my personal data by SIEU for the purposes of facilitating, administering, processing, dealing with and/or managing my Welfare Benefits application.
2. I agree and consent to be contacted by SIEU and its affiliated association or third-party service providers via email, text messages, fax and/or post for the purposes of facilitating, administering, processing, dealing with and/or managing my Welfare Benefits application.
3. I will inform SIEU immediately of any changes to my contact details and/or personal data in order that SIEU is able to contact me for all matters relating to the Welfare Benefits application.

Submitted By:

Signature of Applicant / Date

Branch Chairperson / Delegate

For Official Use Only

Received By : _____ Date / Time : _____

Date Ordered : _____

Updated: 1 September 2019