

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

APPLICATION FOR DEATH BENEFITS SBS TRANSIT PRC MEMBERS

Criteria

- Member must have at least 3 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	☐ Mother			
☐ Husband	□ Wife			
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I have attached the following supporting documents (tick appropriate box)				
☐ Photocopy of Claimant NRIC/Work Permit				
El Death Contilients				
☐ Death Certificate				
☐ Birth Certificate				
☐ Marriage Certificate				
□ NTWU GIRO Form				
I declare that all information provided id true.				
r declare that all information provided id true.				
 I, the applicant, declare that I have understood and complied with the eligibility criteria stated in this application form and the particulars stated in this application are true and correct, and that I have not wilfully withheld any material fact. I have noted that I may be required to furnish other supporting documents for verification and audit purposes. 				
Collection, Use and Disclosure of Personal Data				
3. I consent to my personal data being collected, used and retained by NTWU for the purposes of:				
(b) carrying out verification and updates of my membership status and/or information I have provided in this application form.				
	or disclosure of my NRIC/FIN number and my fam sh my identity and my family members'/nominees' ic			
relation to SBST Death Benefits (PRC Members) and I agree to my NRIC/FIN numbers and my family members'/nominees'				
NRIC/FIN numbers being collected, used 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 SBST Death Benefits (PRC Members). 				
6. I consent to be contacted by NTWU via emails, text messages or post for matters relating to my application to SBST 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 N	RIC/ FIN No.	Signature	Date		
Witnessed by Branch Chairman / Secretary					
Date:		Signature:			
Official Section B : To be verified by Finance Department					
Date Join:	Arrears in Subso	criptions:	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 Executive Secretary / Deputy Executive Secretary					
☐ Approved					
☐ Disapproved					
_ 510app10v0a					
Date:	-	Signature:			



NATIONAL TRANSPORT WORKERS' UNION (NTWU) APPLICATION FORM FOR INTERBANK GIRO

- · This form is to be completed by the member.
- $\cdot \ \text{Payment will be credited directly into the bank account stated below through interbank giro.} \\$
- · Complete and return the original form to NATIONAL TRANSPORT WORKERS' UNION, 16B/18B LORONG 37 GEYLANG, NTWU BUILDING, SINGAPORE 387912.
- \cdot 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 (NT	wu)			
Name of its book account.				
Name as in bank account :				
Bank Name :Branch	n 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 writing to my/our address stated above.	y giving 30 days advance notice in			
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	Date			
Part II : Verification of Bank Details (Mandatory)				
There are two methods to complete Part II. You may cho Attached a copy of bank statement / bank passbook (without account number to this form, OR	-			
Go to the bank for the section below to be completed and verified by an authorised bank officer.				
For Bank's Completion				
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)			