

APPLICATION FORM

SLF SPECIAL RELIEF FUND/HARDSHIP GRANT (SLF AFFILIATED UNIONS/ASSOCIATION)

With effect from 1 May 2002, please submit your application form to:
Community Development Department, 5th Floor, NTUC Trade Union House, 73 Bras Basah Road, Singapore 189556

Application: *Special Relief Fund/Hardship Grant*

I PARTICULARS OF THE DECEASED/VICTIM

- a) Name of deceased /victim : _____
- b) Residential Address : _____
_____ Postal District : _____
- c) Home Tel No : _____ Office Tel No : _____
- d) NRIC No : _____ e) Nationality : _____
- f) Date of Birth (dd/mm/yyyy) : _____ g) Marital Status : _____
- h) Name of Union : _____
- i) Date Joined Union (dd/mm/yyyy) : _____

II PARTICULARS OF EMPLOYMENT OF THE DECEASED/VICTIM

- a) Name & Address of Employer : _____

- b) Designation : _____ c) Gross Monthly Salary : S\$ _____
- d) Nature of Work : _____
- e) Commencement Date of service with Employer (dd/mm/yyyy) : _____

III PARTICULARS OF SPOUSE/NEXT OF KIN

- a) Name of Spouse/Next-of-kin) : _____
- b) Relation to Deceased/Victim : _____
- c) Address : _____
- d) Home Tel No : _____ Office Tel No : _____
Mobile/Pager (if any) : _____
- e) NRIC No : _____ f) Date of Birth Birth (dd/mm/yyyy) : _____
- g) Occupation : _____ h) Gross Month Income : S\$ _____
- i) Name & Address of Employer : _____

IV PARTICULARS OF CHILDREN (If space provided is insufficient, please use another sheet)

Name	NRIC No	Date of Birth (dd/mm/yyyy)	Occupation	Gross Monthly Income S\$

V PARTICULARS OF PARENTS OF THE DECEASED/VICTIM WHO ARE DEPENDANTS & STAYING IN THE SAME HOUSEHOLD:-

Name	NRIC No	Date of Birth (dd/mm/yyyy)	Occupation	Gross Monthly Income S\$

VI REASONS FOR APPLICATION OF GRANT

(PLEASE ENCLOSE A COPY OF THE DEATH CERTIFICATE, MEDICAL REPORT, POLICE REPORT OR OTHER SUPPORTIVE DOCUMENTS)

Special Relief Fund For Industrial Victims	Pls tick	Hardship Grant For Non-Industrial victims	Pls tick
Death	<input type="checkbox"/>	Death	<input type="checkbox"/>
Total Permanent Incapacity	<input type="checkbox"/>	Permanent Incapacity	<input type="checkbox"/>
		Chronic Illness	<input type="checkbox"/>
		Fire or Flood	<input type="checkbox"/>
		Loss of Job (No retrenchment benefits)	<input type="checkbox"/>

VII DETAILS OF ACCIDENT (where applicable)

Date & Time of Accident : _____

Venue : _____

Description of Accident : _____

VIII OTHER FINANCIAL ASSISTANCE

If dependents of the deceased/victim have applied or received financial assistance from other organizations, please give details :-

Name of organization	Date of application/ Receipt of assistance	Amount received or Receivable
		S\$
		S\$

VX DECLARATION

I declare that the particulars stated in this application are true and that I have not willfully suppressed any material fact.

Signature of Applicant

Date

Name of Applicant in Full

X VERIFICATION OF *UNION/ASSOCIATION MEMBERSHIP

I, _____, * President/ General Secretary/ Executive Secretary
Name

of _____, hereby verify that the above
Name of Union/Association

*applicant/victim is a member of the *Union/Association.

Signature/Date

Stamp of Union/Association

XI FOR OFFICIAL USE ONLY (* delete accordingly)

Application is *recommended/not recommended _____
Signature Date

Application is *approved/not approved _____
Signature Date

Remarks :

As at 1 Apr 2002

(*Please delete accordingly)