

(C) PARTICULARS OF FAMILY MEMBERS (CHILDREN AND/OR PARENTS) STAYING TOGETHER IN THE SAME HOUSEHOLD

Note: Please attach latest payslips or CPF contribution statement for those employed in the household.

Full Name (As in NRIC / FIN / Birth Cert.)	NRIC / FIN / Birth Cert. No.	Date of Birth (dd / month/ year)	Relationship to Member	Gross Monthly Income S\$	Occupation (Indicate "student" if child is still schooling)
		/ /			
		/ /			
		/ /			
		/ /			
Total Gross Household Income (A) applicant + (B) spouse + (C) family members:				S\$	

(D) PAYMENT DETAILS (APPLICABLE FOR DECEASED MEMBER ONLY) If application is approved the hardship grant is to be made:
Name of next of kin (as in NRIC): _____ Relationship to Member: _____**(E) DECLARATION BY APPLICANT (MEMBER / NEXT-OF-KIN *)**

- I, the undersigned, declare that I have understood and complied with the eligibility criteria stated in this application form and the particulars stated in this application form 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

- I consent to my personal data being collected, used, and retained by NTUC/Union for the purposes of:
 - processing, administering, and managing my application for U Care Hardship Grant.
 - carrying out verification and updates of my membership status and/or information I have provided in this application form; and
 - collecting membership fees.
- I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number is necessary to accurately establish my identity to a high degree of fidelity in relation to U Care Hardship Grant.
- I consent to my personal data being disclosed by:
 - NTUC to the Union or by the Union to NTUC for the purposes of processing, administering, and managing my application for U Care Hardship Grant; and
 - NTUC/Union to their authorised data intermediaries for the purposes of processing, administering, and managing my application for U Care Hardship Grant.
- I consent to be contacted by NTUC/Union via email, text messages, fax and/or post for matters relating to my application for U Care Hardship Grant 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 NTUC/Union obtaining my personal data and relevant data relating to my employment from my company.

Full Name of Applicant_____
NRIC / FIN No._____
Signature_____
Date**(F) TO BE COMPLETED BY: UNION / ASSOCIATION / NTUC GENERAL BRANCH *
VERIFICATION OF GROSS HOUSEHOLD INCOME & CONFIRMATION OF MEMBERSHIP**

- The monthly gross household income of the applicant has been verified: S\$_____.

- Date member joined Union:

D	D	M	M	Y	Y
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 Membership Tenure as at point of application:

Year/s	Month/s
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The member mentioned in Section (A) is/was * in our membership roll with a minimum of 6 months continuous membership at the point of application. There is no membership arrears.

I hereby confirm that the monthly gross household income and membership tenure of the applicant as stated above are correct.

Name of Authorised Person_____
Signature / Date_____
Stamp of Union / Association / NTUC GB *Designation: **President / General Secretary / Executive Secretary *
Director / Deputy Director * (NTUC GB)**

Union Association: _____

Please state any additional information on the medical condition of the member. Where possible, please attach a cover letter to substantiate your support for the application: _____

Please check that all supporting documents are in order and complete; the application form is duly completed and endorsed by Union/Association/GB. Please submit the completed endorsed application and supporting documents to NTUC Care and Share, NTUC Centre, 1 Marina Boulevard, Level 10, Singapore 018989.