

NATIONAL TRANSPORT WORKERS' UNION

SMRT RAIL BRANCH SPECIAL WELFARE SCHEME

APPLICATION FOR DEPENDANT'S DEATH BENEFIT CLAIM

Name of Member [In Block Letters]

Employee Nos: _____

Address [In Block Letters]

Postal Code: _____

Tel Nos (Res)
:

H/P Nos : _____

NRIC Nos : _____

Section : _____

Branch [Pls tick]

Traffic

Maint

Section Code : _____

Name of Member's Dependant (In Block Letters)

Date / Month / Year

Relationship:

Declaration Of Member

1. 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 willfully withheld any material fact.
2. 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:
 - (a) processing, administering and managing my application for SMRT Rail Dependant's Death Benefit Claim ; and
 - (b) carrying out verification and updates of my membership status and/or information I have provided in this application form.
4. I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number and my family members'*/nominees' NRIC/FIN numbers is necessary to accurately establish my identity and my family members'/nominees' identity to a high degree of fidelity in relation to SMRT Rail Dependant's Death Benefit Claim 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
5. 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 SMRT Rail Dependant's Death Benefit Claim.
6. I consent to be contacted by NTWU via emails, text messages or post for matters relating to my application to SMRT Rail Dependents Death Benefit Claim and other membership matters, as well as to obtain my opinion/ feedback on such matters.
7. 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

NRIC/ FIN No.

Signature

Date

Verify by Section Representative (Signature / Date)

(Note: Pls attach photocopies of Birth Certificate, NRIC, Dependant's Death Certificate and marriage certificate if applicable)

VERIFICATION BY FINANCE DEPARTMENT

Day / Month / Year

MEMBERSHIP NO: _____ DATE JOINED UNION: _____

ARREARS IN SUBSCRIPTIONS FROM _____ TO _____

AMOUNT OF BENEFIT: \$ _____

CHECKED BY: _____ VERIFIED BY: _____

THE ABOVE MEMBER IS / IS NOT ENTITLED TO THE CLAIM.

REMARKS : _____

APPROVAL BY EXECUTIVE SECRETARY

APPROVED / DISAPPROVED

DATE: _____

SIGNATURE : _____



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

- This form is to be completed by the member.
- 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.
- 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 (NTWU)

Name as in bank account : _____

Bank Name : _____ Branch 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 giving 30 days advance notice in writing to my/our address stated above.
- 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 choose any one method:

Attached a copy of bank statement / bank passbook (without banking transaction) showing bank name and 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)