

CHANGE OF PARTICULARS			
NAME: _____		STAFF NO.: _____	
PERSONAL DETAILS (PLEASE WRITE IN BLOCK)			
NAME			
HOME ADDRESS:			
MOBILE:	OFFICE:	HOME:	MARITAL STATUS:
NAME OF BANK / BRANCH		BANK ACCOUNT NO:	
NAME OF COMPANY:		BASIC SALARY: (Exclude allowances)	
DEPARTMENT:		LOCATION:	
DESIGNATION:		EMAIL ADDRESS:	
<p>DECLARATION:-</p> <p>All Statements made in this declaration are, to the best of my knowledge and belief, correct and complete.</p> <p>I have read and understood the Co-operative's Personal Data Protection Policy. I hereby consent to the Co-operative collecting, using and disclosing my personal data for the purposes set out therein, in particular, to the disclosure of my personal data in accordance with the Personal Data Protection Act.</p>			
<p>_____</p> <p>Applicant's Signature / Date</p>			

Personal Data Protection Policy may be downloaded from www.stcoop.sg/images/pdpa.pdf