

NOMINATION FORM Under the provisions of the Co-operative Societies Act 1979		
NAME OF MEMBER:		
STAFF NO.:	TEL (H)/(O):	MOBILE:
HOME ADDRESS:		
EMAIL ADDRESS:		
I hereby nominate the following as my nominees/s to whom all monies that may be due to me by the Co-operative shall be paid upon my death.		
NAME OF NOMINEE 1		SHARE(%) %
NRIC NO.:	RELATIONSHIP:	
DATE OF BIRTH:	CONTACT NO.:	
ADDRESS:		
NAME OF NOMINEE 2		%
NRIC NO.:	RELATIONSHIP:	
DATE OF BIRTH:	CONTACT NO.:	
ADDRESS:		
NAME OF NOMINEE 3		%
NRIC NO.:	RELATIONSHIP:	
DATE OF BIRTH:	CONTACT NO.:	
ADDRESS:		
NAME OF NOMINEE 4		%
NRIC NO.:	RELATIONSHIP:	
DATE OF BIRTH:	CONTACT NO.:	
ADDRESS:		
		Total share(%) must add up to 100%
GUARDIAN DETAILS:		
Please fill in this section only if any of the above nominees is a minor (below 21 of age). I hereby appoint the following person as guardian for my minor nominee(s):		
NAME:	NRIC NO.:	
ADDRESS:	DATE OF BIRTH:	
	RELATIONSHIP:	
	CONTACT NO.:	

DECLARATION:-

All Statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

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.

 Applicant's Signature / Date

Witnesses must not be yourself or your nominee(s). They must be at least 21 years old.		
	WITNESS 1	WITNESS 2
NAME:		
NRIC NO.:		
ADDRESS:		
SIGNATURE:		

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