

APPLICATION FOR ADMISSION			
PERSONAL PARTICULARS	(PLEASE WRITE IN BLOCK LETTERS)		
	FULL NAME (as in NRIC/Passport) MR/ MRS/ MS*		
	NRIC NO:	DATE OF BIRTH:	RACE: * CHINESE / MALAY/ INDIAN / OTHERS
	MARITAL STATUS: * SINGLE / MARRIED	NATIONALITY: * SINGAPORE CITIZEN / PR	GENDER : * MALE / FEMALE
	EMAIL ADDRESS:		PLACE OF BIRTH:
	OFFICE TEL:	MOBILE:	HOME TEL:
	HOME ADDRESS:		
	COUNTRY/JURISDICTION OF TAX RESIDENCE:		Taxpayer Identification No. (TIN)
	<p>I acknowledge and understand that the information contained in this form is collected and may be kept by Co-operative for the purpose of automatic exchange of financial account information; and the information regarding the Account Holder and any Reportable Account(s) may be reported to the Inland Revenue Authority of Singapore and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to the international tax compliance agreements to exchange financial account information under the Income Tax Act.</p> <p>I certify that I am the Co-operative Account Holder of all the accounts(s) to which this form relates.</p> <p>I undertake to advise the Co-operative of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide the Co-operative with a suitably updated self-certification and Declaration within 30 days of such change in circumstances. It is an offence under sections 105M(3A) and 105M(3B) of the Income Tax Act for any person to provide a Financial Institution any information which he knows is false or misleading through a self-certification. A person who is guilty of the offence is liable on conviction to a fine of up to \$10,000 or imprisonment for a term of up to 2 years or to both.</p> <p>It is an offence under sections 105M(3A) and 105M(3B) of the Income Tax Act for any person to provide a Financial Institution any information which he knows is false or misleading through a self-certification. A person who is guilty of the offence is liable on conviction to a fine of up to \$10,000 or imprisonment for a term of up to 2 years or to both.</p>		
	EMPLOYMENT DETAILS	NAME OF COMPANY:	
DEPARTMENT:		DATE OF EMPLOYMENT:	
LOCATION		EMPLOYMENT TYPE:* BARGAINABLE/ EXECUTIVE	
DESIGNATION:		PAYROLL / STAFF NO:	
BASIC SALARY: (Please submit pay-slip, application without payslip will NOT be processed.)			
DEDUCTION	MONTHLY CONTRIBUTION (shall not exceed 25% of basic salary of \$750/- whichever is lower)		
	\$	Entrance Fee : \$10 (Once Only Deduction)	
	NAME OF BANK / BRANCH	BANK ACCOUNT NO:	

* delete accordingly.

DECLARATION:-

I understand that this application is subject to acceptance by the Co-operative. The Co-operative reserves the right to decline my application without assigning any reason thereof.

I agree to abide by the Co-operative Societies Act, Rules and By-Laws of the Co-operative.

I authorise my employer to deduct all my dues and credit them to the Co-operative.

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.

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

DECLARATION OF NOMINEES		
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:		
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):		
GUARDIAN	NAME:	NRIC No.:
	ADDRESS:	DATE OF BIRTH:
		RELATIONSHIP:
		CONTACT No:

Referral Name: _____

Applicant's Signature / Date

Staff ID: _____

PROPOSER AND SECONDER MUST BE MEMBERS OF THE CO-OPERATIVE.

	WITNESS 1/ PROPOSER	WITNESS 2/ SECONDER
NAME:		
NRIC NO:		
ADDRESS:		
SIGNATURE:		

FOR OFFICIAL USE ONLY

Approved at the Committee Meeting held on _____
Signature of Chairman _____