

CHANGE OF MONTHLY CO	ONTRIBUTION
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PERSONAL DETAILS ( PLEASE WRITE IN BLOCK)		
NAME OF APPLICANT (as in NRIC):		
STAFF NO.:		CONTACT NO.:
Home address:		
NAME OF COMPANY:		BASIC SALARY: (please submit latest payslip)
DEPARTMENT:	LOCATION:	DESIGNATION:
EMAIL ADDRESS:		
I wish to Increase / Decrease my monthly sub	oscription deduction	from:
\$ to \$ with effect from the month of		
Please note that increase of monthly contrib		
(January to June), contribution shall not exc		
of monthly contribution could be done at		
Submission have to be done latest by 20th o	f the month to take e	effect from the following month. Application
without payslip will NOT be processed.		
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		
FOR OFFICIAL USE ONLY		
Approved at the Committee Meeting held on		
Signature of Chairman		

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

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