

APPLICATION FOR FUNERAL GRANT			
I, NAME		STAFF NO.:	
NAME OF BANK:	BANK ACCOUNT NO:	CONTACT NO.:	
EMAIL ADDRESS:			
wish to report the death of the undermentioned person and apply for the Funeral Grant Fund.			
Deceased Informations:			
NAME OF DECEASED:			
NRIC NO:		RELATIONSHIP TO ME:	
DEATH CERT NO:		DATE:	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Applicant's Signature / Date			
NOTES:			
<ul style="list-style-type: none"> An official Death Certificate or Burial Permit and any other relevant documentary evidence must be submitted to the Committee for inspection as proof of death in each case. Application for the Funeral Grant shall be made not later than three months from the date of death. 			
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.			
FOR OFFICIAL USE ONLY			
	DEMISE OF	AMOUNT GRANTED	
A)	Member's Parent	\$100	
B)	Member's Spouse	\$250	
C)	Member's Child	\$250	
D)	Member	\$250	

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