

## REGISTRATION OF MEMBER'S DEPENDANTS

S/N No.	Name of Dependants	Relationship	Date of Birth	NRIC or BC No.	Remarks

### Terms & Conditions

#### Collection, Use and Disclosure of Personal Data

1. I consent to my personal data being collected, used and retained by Citiport Credit Co-operative Ltd (CCC) for the purpose of processing, administering and managing my membership.
2. I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number is necessary to accurately establish my identity to a high degree of fidelity in relation to and an array of other services provided by CCC, including but not limited to financial matters, legal consultation and education grants.
3. I consent to my personal data being disclosed amongst:  
(a) CCC of which I am a member for the purposes of managing my respective membership.
4. I consent to be contacted by CCC via email, text messages, fax and/or post for matters relating to training and education, social and recreation as to give my opinion/feedback on such matters.
5. I will also keep CCC informed immediately of any changes in my employment status or personal particulars that affect my membership status and benefits.
6. For enquiries on personal data protection matters, please email to [citiport1@citiport.org.sg](mailto:citiport1@citiport.org.sg)

**By signing on the membership application form, I hereby declare that the above information is true and correct and agree to all prevailing terms and conditions as stated above.**



**ITIPIPORT CREDIT CO-OPERATIVE LTD**

**MEMBERSHIP  
APPLICATION FORM**

Ordinary   
(Employees of PSA or Port Related Companies)

Associate   
(Family member of an ordinary member)

Relationship to Ordinary Member \_\_\_\_\_

## PERSONAL PARTICULARS

### NRIC/FIN Number

\_\_\_\_\_

### FULL NAME (as in NRIC/Passport)

(Please underline Surname/Family name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Date of Birth (dd/mm/yyyy)

\_\_\_\_\_

Gender  Male  Female

Race  Chinese  Malay  Indian

Others \_\_\_\_\_

Nationality \_\_\_\_\_

### Residential Status

Singapore Citizen  Permanent Resident  
 Employment Pass Holder  Work Permit Holder

### Marital Status

Single  Married  Widowed/ Divorced

### Highest Education Level

Primary  Secondary  Nitec/ Higher Nitec  
 Diploma  Degree  Post Graduate

### Residential Address

Blk/House No: \_\_\_\_\_

Unit No: \_\_\_\_\_

Street Name \_\_\_\_\_

\_\_\_\_\_

Postal Code \_\_\_\_\_

### Contact Details

(H) \_\_\_\_\_

(O) \_\_\_\_\_

(HP) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

### Job

Designation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organisation: \_\_\_\_\_

\_\_\_\_\_

Department: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Monthly Gross Salary: \_\_\_\_\_

Are you a member of another Co-operative: Yes/No

If yes, name of Co-operative: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

### PROPOSER:

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_ HP: \_\_\_\_\_

Reg No \_\_\_\_\_ Date: \_\_\_\_\_

### SECONDER:

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_ Date: \_\_\_\_\_

Reg No \_\_\_\_\_ HP: \_\_\_\_\_

### CHECKED BY :

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### APPROVED BY :

Chairman: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR CREDIT CO-OPERATIVE MEMBERSHIP

If accepted as a member, I agree to abide by the By-Laws of Citiport Credit Co-operative Ltd ("Co-operative") and hereby authorize my employer to deduct from my salary or from my bank account through interbank Giro the following deductions:-

(a) \$10 - Entrance Fee (once only)

(b) \$1 - Common Good Fund

(c) \$\_\_\_\_\_ per month for Subscription (min \$10/-)

(d) \$\_\_\_\_\_ per month for Specific Deposit (min \$10/-)

I hereby declare that I am neither an undischarged bankrupt nor am I under any debt repayment scheme under the Bankruptcy Act.

I wish to credit my dividend earned from my Subscription Account into to my Subscription Account unless otherwise indicated by me in writing to the Co-operative.

## Nomination of Beneficiary

I hereby appoint:

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

to be my beneficiary in the event of my death under the conditions laid down in the Regulators of the prevailing Section 45 of the Co-operative Societies Act.

### Witness 1

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

### Witness 2

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

## DECLARATION OF INDIVIDUAL TAX RESIDENCY

Country/Jurisdiction of Tax Residence	Taxpayer Identification No (TIN)*
Singapore	

\* For Singaporeans & Singaporean PRs, your TIN is the same as your NRIC no. If you do not have a TIN please inform the Co-operative.

I certify that I am the account Holder of all the account(s) to which this form relates. I acknowledge and understand that the information contained in this form is collected and kept by the Co-operative for the purpose of exchange of financial account information; and 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 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.

I hereby declare that the information furnished by me are true and accurate and that if there is any change, I will inform the Co-operative immediately. I also authorise Citiport Credit Co-operative Ltd to obtain any information it may require from any person or source, in order to process this application.

### Declaration

By signing on this application form, I agree to all prevailing terms as stated in the Citiport Credit Co-operative's By-Laws and Nomination of Beneficiary. I agree to be bound by the Co-operative's By laws and amendments made thereto from time to time.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### For Official Use

Recruiter's Name \_\_\_\_\_

Reg No: \_\_\_\_\_

Membership No: \_\_\_\_\_

Membership Type : \_\_\_\_\_

Date: \_\_\_\_\_

Approved  Not Approved

1st Deduction Date: \_\_\_\_\_

\_\_\_\_\_

Signature

Date