

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

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.



CITIPOINT CREDIT CO-OPERATIVE LTD

**MEMBERSHIP
APPLICATION FORM**

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