

COMMON GOOD FUND APPLICATION FORM

(MEMBER'S DEPENDANTS)

NAME OF CLAIMANT: _____ MEMBERSHIP NO: _____

ADDRESS: _____

DEPT: _____ CONTACT NOS: _____ (HOME) / _____ (HANDPHONE)

DATE OF APPLICATION: _____ RELATIONSHIP TO CLAIMANT: _____

NAME OF DECEASED: _____ AGE: _____

DATE OF DEATH: _____ DEATH CERTIFICATE NO: _____

BIRTH CERTIFICATE/MARRIAGE CERTIFICATE NO: _____

STATUTORY DECLARATION NO _____

SIGNATURE

FOR OFFICIAL USE ONLY

THE FOLLOWING DOCUMENTS HAVE BEEN SUBMITTED AND VERIFIED :-

DEATH CERTIFICATE	YES	NO
BIRTH CERTIFICATE / MARRIAGE CERTIFICATE	YES	NO
DEPENDANT FORM / NOMINEE FORM	YES	NO

CHECKED BY

OFFICER-IN-CHARGE

APPROVED BY:

CHAIRMAN

HON SECRETARY

HON TREASURER

DATE: _____