



# CITIPOINT CREDIT CO-OPERATIVE LTD

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UEN: S25CS0003C

## COMMON GOOD FUND APPLICATION FORM

### (CLAIM BY MEMBER FOR DEPENDANTS)

NAME OF CLAIMANT: \_\_\_\_\_ MEMBERSHIP NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEPT: \_\_\_\_\_ CONTACT NOS: \_\_\_\_\_ (HOME) / \_\_\_\_\_ (HANDPHONE)

DATE OF APPLICATION: \_\_\_\_\_ RELATIONSHIP TO DECEASED: \_\_\_\_\_

NAME OF DECEASED: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ DEATH CERTIFICATE NO: \_\_\_\_\_

BIRTH CERTIFICATE/MARRIAGE CERTIFICATE NO: \_\_\_\_\_

STATUTORY DECLARATION NO \_\_\_\_\_ (if applicable)

Payee's PayNow / Bank a/c: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE / DATE

### 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: \_\_\_\_\_