



CITIPOINT CREDIT CO-OPERATIVE LTD

218 Pasir Panjang Road #02-03 ICON@Pasir Panjang Singapore 118579

Tel: 6278 6504 Fax: 6272 8192

E-mail: citiport1@citiport.org.sg Website: www.citiport.org.sg

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)

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: _____