

**SSEU CO-OPERATIVE LTD  
ASSOCIATE MEMBERSHIP APPLICATION**

Please print in BLOCK CAPITALS

**PERSONAL PARTICULARS**

<b>Full Name</b> <i>(Please print clearly in BLOCK Letters)</i> * MR / MS / DR		
<b>Date of Birth (DDMMYY)</b>	<b>NRIC No</b> <b>NRIC Type</b> * SIN /PR	<b>Race</b> *CHI / MAL / IND / EUR / OTH
<b>Marital Status</b> *SINGLE/MARRIED/DIVORCED	<b>Nationality</b>	<b>Gender</b> * MALE / FEMALE
<b>Home Address</b>		<b>Contact Nos</b>
		Home:
		Office:
<b>Postal Code</b>		Mobile:
<b>Email Address</b>		

**EMPLOYMENT**

<b>Name &amp; Address of Company</b>		
<b>Date Joined Company (DDMMYY)</b>	<b>Dept</b>	<b>Occupation</b>

**UNION DETAILS (IF APPLICABLE)**

<b>Name of Union</b>		<b>Union verification</b>  Stamp & sign
<b>Union Membership No</b>	<b>Date Joined Union (DDMMYY)</b>	

I have not been adjudged a bankrupt nor served with a W.E.A. Order. I have read and do understand the Co-operative's By-Laws and agree to be bound by them and by such amendments as may from time to time be made to them. I agree, if admitted, to contribute:

**DEDUCTION**

\$	Per month towards the Savings Deposit Account (min \$10)
\$2.00	Entrance fee (this is not applicable if you're a continuing as a Associate member)

I hereby authorise the Co-operative to make this deductions monthly from my bank account by GIRO on 20<sup>th</sup> of each month

If at any time any sum due and owing from me to the Co-operative in respect of any loans made to me (or to any person on my surety) as a member of the Co-operative in my outstanding, my employers may, on the request of the Committee of the Co-operative, deduct the said sum from my salary and pay the same to the Co-operative.

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

\_\_\_\_\_  
Date

*For Office Use*

Approved/ Not Approved \*

Date Approved: .....

Associate Membership No: .....

Associate Membership Type: \* A1 / A2

.....  
Authorised Signatory

\*delete appropriately

more on the next page....

## ASSOCIATE MEMBERSHIP NOMINATION

You need not complete this portion if:

- you are continuing your current membership to Associate Membership
- you do not wish to change your nomination details.

Name of Member	NRIC No	A/Mship No
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I agree in the event of my death, I nominate the person(s) named to receive according to the shares set down against his/her/their names(s) shall all monies that maybe due to me from the Co-operative.

The proportion of the total balance receivable by the nominees is/are to be expressed as a percentage (%).

### **NOMINEES**

Full Name and Address	BC/IC No	Birth Date	Relationship	Share (%)
1.				
2.				
3.				

My nominee being a \*minor, I do hereby appoint the following person as the lawful guardian to whom all the monies shall be paid in the event of my death.

Full Name of Guardian	
Address of Guardian	
NRIC No	Date of Birth

Signed in Singapore, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Member: \_\_\_\_\_

In the presences of 2 witnesses:

Full Name of Witness		
NRIC No		
Address		
Signature		

**Important :** Please note that the 2 witness must sign and complete this form. The witness must not be the Nominee(s) nor the spouse of the proposer. They must also be over 21 years of age. A minor is a person below 21 years of age.

# SINGAPORE SHELL EMPLOYEES' UNION CO-OPERATIVE LTD

## APPLICATION FORM FOR INTERBANK GIRO

### PART 1: FOR APPLICANT'S COMPLETION (fill in the spaces indicated with \*)

\* Date: \_\_\_\_\_ Name of Billing Organisation ("BO"): \_\_\_\_\_  
 \_\_\_\_\_ SINGAPORE SHELL EMPLOYEES' UNION CO-OPERATIVE LTD  
 \_\_\_\_\_

\* To: Name of Bank: \_\_\_\_\_

\* Branch: \_\_\_\_\_

\* Member's Name: \_\_\_\_\_

\* Member's NRIC Number: \_\_\_\_\_

- (a) I/We hereby instruct you to process the BO's instructions to debit my/our account.  
 (b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.  
 (c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.  
 (d) It is the BO's responsibility to inform banks upon the expiry of this authorisation and to ensure no deductions are made thereafter.

\* My/Our Name(s) as in Bank's record \_\_\_\_\_ \* My/Our Contact (Tel/Fax) Number(s): \_\_\_\_\_

\* My/Our Account Number: \_\_\_\_\_ \* My/Our Company Stamp/Signature(s)/Thumbprint(s) ##: \_\_\_\_\_

(as in bank's records)

### PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account Number
7 1 7 1	0 2 2	0 2 2 0 1 0 4 8 6 1

Billing Organisation's Reference Number

Bank	Branch	Account Number To Be Debited

### PART 3: FOR BANK'S COMPLETION

To: Billing Organisation

This Application is hereby REJECTED (please tick) for the following reason(s):

- Signature/Thumbprint# differs from Bank's records  
 Signature/Thumbprint# incomplete/unclear#  
 Account operated by signature/thumbprint#
- Wrong account number  
 Amendments not countersigned by customer/BO  
 Other reason(s): \_\_\_\_\_

\_\_\_\_\_  
 Name of Approving Officer                      Authorised Signature                      Date

## For thumbprints, please go to the branch with your identification.

# Please delete where inapplicable

GIRO is a convenient, cashless mode of payment. To help you better understand the GIRO payment method. Here are some answers to the most frequently raised questions on GIRO:

### **How do I get started?**

Complete this GIRO application form, with your name/account number and send the form with your signature duly signed to us at:

**SSEU CO-OPERATIVE LTD**  
**83 Clemenceau Ave, Shell House, UE Square**  
**6<sup>th</sup> Floor, East Wing**  
**Singapore 239920**

**Note:** For account operated via thumbprint, please bring your NRIC/passport to your bank for the print to be taken and witnessed.

### **Will I be notified of the approval of my GIRO application?**

SSEU Co-operative Ltd will inform you when the GIRO is approved and the effective date.

### **Can I arrange for another party to effect the GIRO arrangement through his/her bank account or pay for another party?**

Yes, you can by stating his/her name and address, and the customer/account/bill number on the GIRO form.

Please obtain the signature/thumbprint of the person on the form if he/she is paying for you.

### **When will the GIRO deduction be made?**

A deduction will only be made from your bank account on the **26th of each month**. The amount deducted will be reflected in your bank statement and monthly bills.

### **What happens if there are insufficient funds in my bank account?**

We will send you a letter to inform you to pay by other ways. However, you should still maintain sufficient funds in your bank account for the subsequent due date. We will terminate your GIRO if we are unable to make GIRO deductions after **3 consecutive attempts**. Please note that some banks do charge a service fee for unsuccessful GIRO deduction due to insufficient funds.