

**SINGAPORE SHELL EMPLOYEES' UNION CO-OPERATIVE LTD**  
**APPLICATION FOR ADMISSION**

Please print in BLOCK CAPITALS

<b>Personal Particulars</b>	<b>Full Name as in NRIC</b> (Please print clearly in BLOCK Letters) MR / MS / DR *				
	<b>Date of Birth (DDMMYY)</b>		<b>NRIC/FIN/ No</b>		<b>Race</b> *CHI / MAL / IND / EUR / OTH
	<b>Marital Status</b> *SINGLE/MARRIED/DIVORCED		<b>Nationality</b> <b>PR Date:</b> (applicable for applicant with PR Status)		<b>Gender</b> * MALE / FEMALE
	<b>Home Address</b>				<b>Contact Nos</b>
					Home:
	<b>Postal Code</b>				Office:
	<b>Email Address</b>				Mobile:
<b>Education</b>	<b>Highest Education Level</b>				
	<input type="checkbox"/> GCE O Level <input type="checkbox"/> GCE A Level <input type="checkbox"/> Degree <input type="checkbox"/> Others <input type="checkbox"/> NTC/ITC <input type="checkbox"/> Diploma <input type="checkbox"/> Post Graduate                      _____				
<b>Employment Details</b>	<b>Name &amp; Address of Company</b>				
	<b>Date Joined Company (DDMMYY)</b>			<b>Dept</b>	
	<b>Occupation</b>			<b>Payroll /Staff No</b>	
	<b>Monthly Gross Salary:</b>				
	<input type="checkbox"/> \$1000 - \$1499 <input type="checkbox"/> \$2000 - \$2499 <input type="checkbox"/> \$3000 - \$3999 <input type="checkbox"/> \$5000 and above <input type="checkbox"/> \$1500 - \$1999 <input type="checkbox"/> \$2500 - \$2999 <input type="checkbox"/> \$4000 - \$4999				
<b>Union</b>	<b>Name of Union</b>			<b>Union verification</b>	
	<b>Union Membership No</b>	<b>Date Joined Union (DDMMYY)</b>		Union Stamp & Signature	
<b>Family Details</b>	<b>Particulars of Family Members</b>				
		<b>Name</b>	<b>NRIC No</b>	<b>Date of Birth</b>	<b>Occupation</b>
	<b>Spouse</b>				
	<b>Child 1</b>				
	<b>Child 2</b>				
	<b>Child 3</b>				
<b>Child 4</b>					

**CONTRIBUTION PER MONTH**

<b>Contribution</b>	<b>Subscription Account</b> (maximum contribution \$400)	\$
	<b>Savings Account</b>	\$
	<b>Share Capital</b> – 50 shares @ \$1 per share and \$2 entrance fee	\$52

**DECLARATION OF NOMINEES**

I agree that in the event of my death, I nominate the person(s) named to receive according to the share set down against his/her/their names(s) all monies that maybe due to me from the co-operative.

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

**Nominees**

Full Name	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.

**Guardian**

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

In the presences of 2 witnesses:

Full Name of Witness	Witness 1	Witness 2
NRIC No		
Address		
Signature		

**Important :** Please note that the 2 witnesses must sign and complete this part. 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.

**Agreement**

This information given by me is true and correct. I agree to:

- Observe all rules and regulations of the Co-operative as set out in the By-laws of the Co-operative and will not act in any manner detrimental to the Co-operative’s interest.
- I will keep the Co-operative informed immediately of any changes to my employment status or personal particulars.
- I will give 3 months notice for termination of membership in writing.
- I have not been adjudged a bankrupt.
- 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 hereby authorise the Co-operative to advise my employers to make this deductions monthly from my salary, before such salary is paid to me.
- 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

<i>For Office Use</i>	
<i>Approved/ Not Approved *</i>	<i>Date Approved:</i> _____
<i>Membership No :</i> _____	<i>Verified by:</i> _____