Mail Completed Application Form to:

Education Services Union
Kent Ridge Road Post Office
PO Box 1054
Singapore 911102

Enrich your life with UNION MEMBERSHIP at $9 per month*

YOUR PERSONAL PARTICULARS

Name as in NRIC/Passport
(Please underline Surname/Family Name and do not exceed 26 letters)

NRIC/FIN NO. Starting with F or G

Name to be printed on card

Sex ☐ Female ☐ Male

Date of Birth ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)

Race ☐ Chinese ☐ Malay ☐ Indian
☐ Eurasian ☐ Others:_____

Nationality ☐ Singapore ☐ Malaysia ☐ Others (Specify):_____

Residential Status ☐ Singapore Citizen ☐ Permanent Resident
☐ Employment Pass Holder ☐ Work Permit Holder

Marital Status ☐ Single ☐ Married ☐ Others: _____

Highest Education Level

☐ Primary & Below ☐ Lower Secondary ☐ GCE 'O'/GCE 'N' Level
☐ NTC/ITC ☐ Post Secondary/GCE 'A' Level
☐ Diploma ☐ Degree ☐ Post Graduate

Recruiter's code

Temp. Pass No.

Stick your passport-sized colour photograph here.

Required if you currently **do not** have a NTUC Card.

Please write name and IC no. behind the photograph.

YOUR ADDRESS IN SINGAPORE

Blk/House No. ☐☐☐☐☐ Unit No. # ☐☐ - ☐☐☐☐

Street Name _____

_____ (S) _____

Building Name _____

YOUR CONTACT

Telephone (Office/Home) _____ Pager/Handphone _____

E-mail Address _____

FOR NTUC FAIRPRICE'S MEMBERSHIP

Name of Bank: _____

Bank Account No. _____

"Optional, please complete if you wish to enjoy Fairprice rebates"

YOUR JOB (Compulsory, please complete)

Occupation: _____

Company Name In Full: _____

Please describe the main business of your company

Monthly Gross Salary

☐ Below $1000 ☐ $1000-$1499 ☐ $1500-$1999 ☐ $2000-$2499
☐ $2500-$2999 ☐ $3000-$3999 ☐ $4000-$4999 ☐ $5000 & Above

APPLICABLE TO SUBSCRIPTION DEDUCTED THROUGH SALARY ONLY

(if your company has a union)(Please ignore if you are paying by Giro)

Payroll Number (if applicable)

Date Joined Company ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)

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Union Code: _____ Member Type: GB / OB

Company Code: _____ Branch Code: _____

Date Join Union _____ Member No: _____ (OB only)

Payment Type*: F U N H C (Checkoff) Salary Type*: M Y H O U

Cheque/Receipt No. _____

Department Code: _____ (for OB only) Job Grade: _____ (for OB only)

AGREEMENT

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

Membership Fees

- authorise the NTUC or its Agency to deduct from my bank account a sum of $9.00 monthly or the prevailing rate of union subscriptions and a one month annual subscription to the National Trades Union Congress #. If there are any changes to the prevailing rate of union subscriptions, I shall be informed in advance by my union or NTUC through public notice.

Transfer Between Membership Categories

- authorise the union and NTUC to assign or transfer my membership and GIRO union dues to an affiliated union as Ordinary or General Branch members depending on my eligibility.

Rules

- observe all rules and regulations of NTUC, the union, NTUC Link, NTUC Club and NTUC Fairprice and will not act in any manner detrimental to their interests.

NTUC Link

- pay an annual fee of 500 LinkPoints to NTUC Link for participating in the LinkPoints programme at the end of every calendar year. I understand that I need not top up the difference in cash if I have insufficient LinkPoints and the outstanding amount will not be carried forward to the following year.

Personal Particulars

- keep my union or NTUC informed immediately of any changes to my employment status or personal particulars that affect my membership status or union benefits.
- disclose my membership details to NTUC Cooperatives and such disclosure shall also be deemed to comply with the relevant laws of the Cooperatives.

NTUC Fairprice Membership

- be a NTUC Fairprice Member under the "Join-Now-Pay-Later" scheme. The first $23 of rebates will be converted into 20 Fairprice shares at $1 each plus $3 Entrance Fee. I authorise NTUC Fairprice to credit my NTUC Fairprice rebates into the above account. I also understand that the maximum amount in purchases at NTUC Fairprice Cooperative Limited entitled to rebate each financial year is $6000 - the rate will be declared at the Annual General Meeting of NTUC Fairprice Cooperative Limited each year.

Lost and Replacement of NTUC Card

- pay $3.00 to "NTUC Link Pte Ltd" for any loss or replacement of NTUC Card.

Notice of Termination

- to give 3 months' notice for termination * of membership in writing

Please sign here

Signature 1

Signature of Applicant _____ Date _____

*Termination notice may differ for some unions. # The cycle repeats automatically for the following year.

APPLICATION FOR INTERBANK GIRO

PART 1: FOR MEMBER'S COMPLETION

To ☐ POSB ☐ DBS ☐ OCBC ☐ UOB ☐ FEB ☐ Other bank.

Branch _____ Date _____

Name of Billing Organisation **NTUC - UMS**

Member's Name _____

Member's (NRIC/Fin) No _____ Member's Union _____

(a) I/We hereby instruct you to process the BO's instructions to debit to 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 authorization 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.

My/Our Account No _____

Name of A/C Holder _____

NRIC/Fin No of A/C Holder _____ Contact _____

My Signature(s)/Thumbprint(s)* (Account Holder)
Please sign or thumbprint here

Signature / Thumbprint 2

(As in Bank's records) For thumbprints to all banks other than POSB/DBS, please approach bank for verification stamp.

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PART 2: FOR BILLING ORGANISATION'S COMPLETION

Bank Branch Billing Organisation's Account No.
7 1 7 1 0 0 1 0 0 1 0 6 4 8 1 1 0

Bank Branch Account No. To Be Debited ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Billing Organisation's Member's Reference No. ☐☐☐☐☐☐☐☐☐☐

PART 3: FOR BANK'S COMPLETION

To: **NTUC-UMS**
C/o NTUC Membership Department
NTUC **Centre, No 1, Marina Boulevard, 11th floor, One Marina Boulevard**
Singapore 018989

Name of Approving Officer _____ Authorised Signature _____ Date _____

For thumbprint, please go to the branch with your identification
Please delete if not applicable

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 the customer
- ☐ Others: _____