

# APPLICATION FORM

## SLF HARDSHIP GRANT (For SLF Affiliated Unions/Associations)

Application form endorsed by respective union has to be submitted to:  
NTUC, Care and Share Secretariat, NTUC Centre, No.1 Marina Boulevard,  
#11-01 One Marina Boulevard, Singapore 018989

### I PARTICULARS OF THE \* DECEASED/VICTIM

- a) Name of \* deceased /victim : \_\_\_\_\_
- b) Residential Address : \_\_\_\_\_  
\_\_\_\_\_ Postal District : \_\_\_\_\_
- c) Home Tel No : \_\_\_\_\_ Office Tel No : \_\_\_\_\_
- d) NRIC No : \_\_\_\_\_ e) Nationality : \_\_\_\_\_
- f) Date of Birth (dd/mm/yyyy) : \_\_\_\_\_ g) Marital Status : \_\_\_\_\_  
Sex : \_\_\_\_\_
- h) Name of Union : \_\_\_\_\_
- i) Date Joined Union (dd/mm/yyyy) : \_\_\_\_\_

### II PARTICULARS OF EMPLOYMENT OF THE DECEASED/VICTIM

- a) Name & Address of Employer : \_\_\_\_\_  
\_\_\_\_\_
- b) Designation : \_\_\_\_\_ c) Gross Monthly Salary : S\$ \_\_\_\_\_
- d) Nature of Work : \_\_\_\_\_
- e) Commencement Date of service with Employer (dd/mm/yyyy) : \_\_\_\_\_

### III PARTICULARS OF \*SPOUSE/NEXT OF KIN

- a) Name of \*Spouse/Next-of-kin : \_\_\_\_\_
- b) Relation to \*Deceased/Victim : \_\_\_\_\_
- c) Address : \_\_\_\_\_
- d) Home Tel No : \_\_\_\_\_ Office Tel No : \_\_\_\_\_  
Mobile/Pager (if any) : \_\_\_\_\_
- e) NRIC No : \_\_\_\_\_ f) Date of Birth (dd/mm/yyyy) : \_\_\_\_\_
- g) Occupation : \_\_\_\_\_ h) Gross Month Income : S\$ \_\_\_\_\_
- i) Name & Address of Employer : \_\_\_\_\_

**IV PARTICULARS OF CHILDREN** (If space provided is insufficient, please use another sheet)

Name	NRIC No	Date of Birth (dd/mm/yyyy)	Occupation	Gross Monthly Income S\$

**V PARTICULARS OF PARENTS OF THE DECEASED/VICTIM WHO ARE DEPENDANTS & STAYING IN THE SAME HOUSEHOLD:-**

Name	NRIC No	Date of Birth (dd/mm/yyyy)	Occupation	Gross Monthly Income S\$

**VI REASONS FOR APPLICATION OF GRANT**

(Please enclose a copy Of The Death Certificate, Medical Report, Police Report or other Supportive Documents)

Hardship Grant For Non-Industrial victims		Pls tick
	Death	<input type="checkbox"/>
	Permanent Incapacity	<input type="checkbox"/>
	Chronic Illness	<input type="checkbox"/>
	Fire or Flood	<input type="checkbox"/>

**VII OTHER FINANCIAL ASSISTANCE**

If dependents of the deceased/victim have applied or received financial assistance from other organizations, please give details :-

Name of organization	Date of application/ Receipt of assistance	Amount received or Receivable
		S\$
		S\$

**VIII DECLARATION**

I declare that the particulars stated in this application are true and that I have not willfully suppressed any material fact.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant in Full

**IX VERIFICATION OF \*UNION/ASSOCIATION MEMBERSHIP**

I, \_\_\_\_\_, \* President/ General Secretary/ Executive Secretary  
Name

of \_\_\_\_\_, hereby verify that the above  
Name of Union/Association

\*applicant/victim is a member of the \*Union/Association.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Stamp of Union/Association

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**X FOR OFFICIAL USE ONLY (\* delete accordingly)**

Application is \*recommended/not recommended

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Designation

Application is \*approved/not approve

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Designation

Remarks :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_