

Membership Application Form

Amalgamated Union of Public Employees (\$117/yr) Hospitalisation Benefit (\$24/yr)
For union members only AUPE Credit Co-operative

Please tick accordingly. You can tick more than one.

Personal Particulars

If you need a photo for your union membership application, please write your name and NRIC number behind your passport photo and attach it to this form.

NRIC/FIN Number

Full Name (as in NRIC/Passport)

(Please underline Surname/Family name)

Name to be Printed on Card

(Max. 26 letters with spaces)

Date of Birth (dd/mm/yyyy)

___ / ___ / _____

Gender

Male Female

Race

Chinese Malay Indian

Others: _____

Residential Status

Singapore Citizen Permanent Resident
 Employment Pass Holder Work Permit Holder

Marital Status

Single Married Widowed/Divorced

Highest Education Level

Primary Secondary Nitec/Higher Nitec
 Diploma Degree Post Graduate

Contact Details

(H) _____

(O) _____

(HP) _____

Email _____

Residential Address

Blk/House No. _____

Unit No. # _____ - _____

Street Name _____

Postal Code _____

Job

Designation _____

Organisation _____

Date Joined Service:

___ / ___ / _____

Monthly Gross Salary

Below \$1,500 \$1,500 - \$2,499

\$2,500 - \$3,499 \$3,500 - \$4,500

Above \$4,500

For Credit Co-operative Membership

If admitted, I hereby authorise my employer to deduct the following from **my salary** in accordance with the By-Laws of the AUPE Credit Co-operative Ltd (hereinafter referred to as the "Co-operative":

- (a) \$5/- Entrance Fee (once only)
- (b) \$25/- for twenty-five (25) shares valued at \$1/- each (once only)
- (c) \$10/- per month for Subscription Account
- (d) \$____ per month for Savings Account (min. \$10/-)

I hereby declare that I am neither an undischarged bankrupt nor am I under any debt repayment scheme under the Bankruptcy Act.

I wish to credit my dividend earned from my Share Account and Subscription Account into my bank account as indicated, unless otherwise indicated by me in writing to the Co-operative.

Declaration of Individual Tax Residency

Country/Jurisdiction of tax residence	Taxpayer Identification No. (TIN)*

*For Singaporeans & Singaporean PRs, your TIN is the same as your NRIC no. If you do not have a TIN, please inform the Co-operative.

I certify that I am the Account Holder of all the account(s) to which this form relates. I acknowledge and understand that the information contained in this form is collected and kept by the Co-operative for the purpose of exchange of financial account information; and information regarding the Account Holder and any Reportable Account(s) may be reported to the Inland Revenue Authority of Singapore and exchanged with tax authorities of another country /jurisdiction in which the Account Holder may be tax resident pursuant to the international tax compliance agreements to exchange financial account information under the Income Tax Act.

I hereby declare that the information furnished by me are true and accurate and that if there is any change, I will inform the Co-operative immediately.

Nomination of Beneficiary for AUPE & AUPE Credit Co-operative

I hereby appoint:

Name: _____	Name: _____
NRIC: _____	NRIC: _____
Relationship: _____	Relationship: _____
Contact: _____	Contact: _____

to be my beneficiaries in the event of my death under the conditions laid down in the Regulations of the prevailing Welfare Schemes and/or Sections 26 and 45 of the Co-operative Societies Act.

Witness 1	Witness 2
Name: _____	Name: _____
NRIC: _____	NRIC: _____
Signature: _____	Signature: _____

Terms & Conditions

By signing on this application form, I agree to all prevailing terms and conditions as stated in Page 12 of the AUPE Membership Booklet and Nomination of Beneficiaries.

Signature

Date

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Recruiter's Name	Recruiter's NRIC

Union Membership

Membership Type: GB / OB

Branch Code: _____

Membership No.: _____

Joined date: _____

Credit Co-operative

Membership No.: _____

Date: _____

Approved Not approved

Secretary (For Board of Directors)

Signature

Date

Terms & Conditions for Membership Application

For Union Membership

NTUC reserves the right to assign successful applicants to an NTUC affiliated union/association. Upon approval, all members will automatically become a member of NTUC Club. For NTUC FairPrice membership, applicants will have to opt in. I certify that the information given by me is true and correct.

I agree to:

- authorise NTUC or its Agency to obtain NTUC Membership Fees [current fees being \$9 per month (Jan-Nov); \$18 (Dec)] from me in accordance with the prevailing rates of Union/Association subscriptions.
- observe all rules and regulations of NTUC, its affiliated unions/associations, NTUC Social Enterprises, by-laws of NTUC's cooperatives, and terms and conditions relating to membership benefits and programmes.
- authorise NTUC and its affiliated unions/associations to assign and transfer my membership depending on eligibility and work status.
- make a payment of \$3.00 to "NTUC Link Pte Ltd" for any loss or replacement of NTUC Plus! Card.
- give 3 months' notice for termination of membership in writing.

NTUC FairPrice Membership

I agree to be an NTUC FairPrice member under the 'Join-Now-Pay-Later' scheme to receive NTUC FairPrice rebates. The first \$23 of rebates must be accumulated within the first three years to pay for the 20 shares (at \$1 each) and \$3 admin fee.

I authorise NTUC FairPrice to credit my NTUC FairPrice rebates into my bank account[^]. I consent to NTUC disclosing my personal particulars to NTUC FairPrice for the purpose of facilitating my NTUC FairPrice membership. I also understand that the maximum amount in purchases at NTUC FairPrice Co-operative Limited entitled to rebate each financial year is \$6,000 – the rate will be declared at the Annual General Meeting of NTUC FairPrice Co-operative Limited each year.

[^]The FairPrice rebates (\$) will be paid to the same bank account as provided for GIRO.

For Credit Co-op Membership

I agree to be bound by the Co-operative's By-Laws and amendments made thereto from time to time.

For Union & Credit Co-op Membership

Collection, Use and Disclosure of Personal Data

1. I consent to my personal data being collected, used and retained by NTUC, AUPE and/or AUPE Credit Co-operative (ACC) for the purposes of processing, administering and managing my membership.
2. I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number is necessary to accurately establish my identity to a high degree of fidelity in relation to "NTUC Gift", the Union Training Assistance Programme (UTAP) and an array of other services provided by the NTUC, AUPE and/or ACC, including but not limited to financial-related matters, legal consultation, job placement and education grants.
3. I consent to my personal data being disclosed amongst:
 - (a) NTUC, AUPE and/or ACC of which I will be a member for the purposes of managing my respective membership; and
 - (b) NTUC, AUPE, ACC, the Employment and Employability Institute, and NTUC Social Enterprises for the purposes of managing and increasing membership benefits and privileges.
4. I consent to be contacted by NTUC, AUPE and/or ACC via email, text messages, fax and/or post for matters relating to employment and employability, industrial relations, training and education, social and recreation as well as to give my opinion/feedback on such matters.
5. For the purposes of industrial relations and employment-related issues, I consent to NTUC, AUPE and/or ACC obtaining my personal data and any relevant data relating to my employment from my employer.
6. I will also keep NTUC, AUPE and/or ACC informed immediately of any changes to my employment status or personal particulars that affect my membership status and benefits.
7. I understand that I am also applying for membership to the PLUS! Programme ("PLUS!") administered by NTUC Link Private Limited ("NTUC Link"). I agree to abide by the terms and conditions of PLUS! I acknowledge and consent to:-
 - (a) the collection, use and retention of my personal data by NTUC Link for the purposes of fulfilling, servicing and managing my PLUS! membership;
 - (b) the disclosure of my personal data between NTUC, AUPE and NTUC Link for the purposes of processing, servicing and managing my PLUS! membership;
 - (c) the disclosure of my personal data by NTUC Link to its LinkPoints Partners/Merchants for the purposes of fulfilling, servicing and managing my PLUS! Membership;
 - (d) I further consent to be notified by NTUC Link on benefits and privileges pertaining to PLUS! via email, text messages, fax and/or post; and
 - (e) I can visit www.plus.com.sg to manage my PLUS! membership (including withdrawal of consent) after my successful enrolment to PLUS!
8. For any enquiries on personal data protection matters, please email to dpo@ntuc.org.sg.

By signing on the membership application form, I have agreed to all prevailing terms and conditions as stated above.

THE GENERAL SECRETARY
AMALGAMATED UNION OF PUBLIC EMPLOYEES
WISMA AUPE
295 UPPER PAYA LEBAR ROAD
SINGAPORE 534929
REPUBLIC OF SINGAPORE

BUSINESS REPLY SERVICE
PERMIT NO. 00747

Postage will be
paid by
addressee For
posting in
Singapore only

Application for Interbank Giro

for Union Membership (@ \$117/year)

Part 1: For Member's Completion

To POSB DBS OCBC UOB
 Other Bank _____

Name of Billing Organisation NTUC - UMS

NRIC/FIN Number _____

Member's Name

- 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 changes 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 address last known to you or upon receipt of my/our written revocation through the BO.

Name of A/C Holder

My/Our Account Number

NRIC/FIN of A/C Holder

Contact

My /Our Signature(s)
 (Account Holder)

My /Our Thumbprint(s)
 (Account Holder)

* (As in Bank's Records) For all banks other than POSB/DBS thumbprints should be affixed in the presence of the bank officer.

For Official Use Only

Part 2: For Billing Organisation's Completion

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

Bank	Branch	Account Number To Be Debited
_____	_____	_____

Billing Organisation's Member's Reference Number _____

Member's Union _____

Part 3: For Bank Completion

To: **NTUC-UMS c/o NTUC Members' Hub**
No.1 Marina Boulevard #B1-01 One Marina Boulevard Singapore 018989

- This application is hereby REJECTED (Please tick) for the following reason(s):
- | | |
|--|---|
| <input type="checkbox"/> Singature/Thumbprint# differs from Bank's records | <input type="checkbox"/> Account operated by signature/ thumbprint# |
| <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear# | <input type="checkbox"/> Wrong Account Number |
| <input type="checkbox"/> Others _____ | <input type="checkbox"/> Amendments not countersigned by the customer |

Name of Approving Officer	Authorised Signature	Date
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For thumbprint, please go to the branch with your identification * Please delete if not applicable

Application for Interbank Giro

for Hospitalisation Benefit (@\$24/yr)

Part 1: For Member's Completion

To POSB DBS OCBC UOB
 Other Bank _____

Name of Billing Organisation AUPE - ASN

NRIC/FIN Number _____

Member's Name

- 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 changes 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 address last known to you or upon receipt of my/our written revocation through the BO.

Name of A/C Holder

My/Our Account Number

NRIC/FIN of A/C Holder

Contact

My /Our Signature(s)
 (Account Holder)

My /Our Thumbprint(s)
 (Account Holder)

* (As in Bank's Records) For all banks other than POSB/DBS thumbprints should be affixed in the presence of the bank officer.

For Official Use Only

Part 2: For Billing Organisation's Completion

Bank	Branch	Billing Organisation's Account Number
7 3 3 9 5 0 1	8 5 8 4 5 0 0 0 1	

Bank	Branch	Account Number To Be Debited
_____	_____	_____

Billing Organisation's Member's Reference Number _____

Part 3: For Bank Completion

To: **AUPE - ASN C/o AUPE Membership Department**
Wisma AUPE 295 Upper Paya Lebar Road Singapore 534929

- This application is hereby REJECTED (Please tick) for the following reason(s):
- | | |
|--|---|
| <input type="checkbox"/> Singature/Thumbprint# differs from Bank's records | <input type="checkbox"/> Account operated by signature/ thumbprint# |
| <input type="checkbox"/> Signature/Thumbprint# incomplete/unclear# | <input type="checkbox"/> Wrong Account Number |
| <input type="checkbox"/> Others _____ | <input type="checkbox"/> Amendments not countersigned by the customer |

Name of Approving Officer	Authorised Signature	Date
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For thumbprint, please go to the branch with your identification * Please delete if not applicable