



AUPE MULTI-PURPOSE CO-OPERATIVE LIMITED

Wisma AUPE, 295 Upper Paya Lebar Road, Singapore 534929
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**APPLICATION BY ORDINARY MEMBER TO SAVE FOR THE
BENEFIT OF CHILD BELOW 18 YEARS OF AGE**

NRIC NO.										NAME OF PARENT (ORDINARY MEMBER)										
RESIDENTIAL ADDRESS:																				
TEL NO: (H)					(O)					(HP)					DATE OF BIRTH:					
SEX: M		F		MARITAL STATUS:					S		M		NATIONALITY:							
PRESENT SALARY:					STAFF NO:					EMAIL ADD:										
OCCUPATION:										DATE JOINED SERVICE:										
NAME OF EMPLOYER (MINISTRY/STATUTORY BOARD/COMPANY):																				
NAME OF BANK & BRANCH:										BANK A/C NO:										

- I wish to save the sum of \$ _____ per month (minimum \$10) in my child's Savings Deposit Account with AUPE Multi-purpose Co-operative Limited (herein after called the "Society") for the benefit of my child whose particulars are stated below.
- I hereby declare that the information furnished by me are true and accurate, and that if there is any change in particulars, I will inform the Society in writing immediately.
- I understand that if I cease to be an Ordinary Member for whatever reason, the Savings Deposit Account which I am saving for the benefit of my child shall cease as well.
- I agree to be bound by the Society's By-laws and amendments made thereto from time to time.

Date : _____ Signature: _____

PARTICULARS OF CHILD BELOW 18 YEARS OLD

Name : _____ Sex: _____ Age: _____

NRIC No/BC No: _____ Date of Birth: _____

Relationship to member: _____

H/p No: _____ Email address: _____

**ALL PERSONAL PARTICULARS ON THE APPLICATION FORM MUST BE COMPLETED AND
COPY OF BIRTH CERTIFICATE TO BE ENCLOSED FOR VERIFICATION.**

FOR OFFICIAL USE ONLY

Approved/ Not Approved _____ M/ship No: _____

Secretary _____ Staff : _____

(Board of Directors) _____ Date: _____

NOMINATION OF BENEFICIARY FORM

SECTION A

Name of Ordinary Member :	NRIC No :
<p>In accordance with Section 26 and Section 45 of the Co-operative Societies Act, I nominate my child named in Section B to receive all sums (100%) payable by "Society" on my death under this Savings Deposit Account. In the event that my child is below 21 years at that time of claim following my death, I appoint the person below to act as guardian (must be 21 years or older) for my child.</p> <p>Particulars of Guardian :</p> <p>Name : _____ NRIC No: _____</p> <p>Address: _____</p> <p>H/p No: _____ Residence Tel No : _____ Email address : _____</p>	
Signed by the abovenamed Ordinary Member in the presence of 2 witnesses who must be 21 years old and above. The witnesses also must not be the Ordinary Member himself nor his nominated beneficiary.	_____ Signature of Ordinary Member and Date

SECTION B – Particulars of Nominated Beneficiary

Name of Nominee (IN BLOCK LETTERS) : _____
Address : _____
NRIC No / Birth Certificate No : _____ Date of Birth: _____
Relationship to the member : _____ Share : 100 %

WITNESS 1	WITNESS 2
Name: _____	Name: _____
NRIC No : _____	NRIC No : _____
Address: _____	Address: _____
Signature: _____	Signature: _____