

# MEMBERSHIP FORM

- ☐ **Ordinary Member [OM]** (Employee of Ministry/Statutory Board, Organ of State)
- ☐ **Associate Member [A1]** (Spouse/Child/Parent/Sibling of OM)
- ☐ **Associate Member [A2]** (Working Person & member of NTUC Affiliated Trade Union/Association)

Please attach: ☐ A copy of your NRIC ☐ Payslip / Staff Pass / Letter from Employer



WhatsApp: 8511 5067  
Email: [coop@aupe.org.sg](mailto:coop@aupe.org.sg)  
Website: [www.aupe.org.sg/acc](http://www.aupe.org.sg/acc)

## PERSONAL INFORMATION

Name (as in NRIC/FIN)

NRIC/FIN No.

Date Of Birth (DD/MM/YYYY)

Gender

Home Address

Nationality

Contact No (Handphone)

Email Address

Name of Employer

Date Joined Service (DD/MM/YYYY)

Designation

Staff Number

Name of Bank

Bank Account Number

## PARTICULARS OF OM WHOM I AM RELATED TO [A1 ONLY]

Name as in NRIC/FIN

NRIC/FIN No.

Relationship with OM

Please attach certification for proof of relationship. If the OM (family member) ceases to be a member, my membership will cease too.

## APPLICATION TERMS

- If admitted, I hereby authorized 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") or any other payments including loan repayments, or by interbank GIRO if check-off facility is not available:
  - Entrance Fee (once only): \$5
  - Shares Capital (once only): 25 (twenty-five (25) shares valued at \$1 each
  - Subscription Deposit (compulsory): \$10 per month
  - Savings Deposit (min. \$10): \$  per month
- I hereby declare that I am neither an undischarged bankrupt nor am I under any debt repayment scheme under the Bankruptcy Act.
- I acknowledge and agree that the dividend earned from my shares and subscription will be credited into my Co-operative Savings Deposit account.
- 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 Co-operative in writing immediately.
- I agree to be bound by the Co-operative's By-Laws and amendments made thereto from time to time.
- I consent to my personal data including NRIC being collected, used and retained by the Co-operative for the purpose of processing, administering and managing my Co-operative membership.
- 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 services provided by the Co-operative including all financial-related matters and education grants.
- I consent to be contacted by the Co-operative via email, text messages, phone, fax, and/or post for matters relating to membership and its privileges.

 SIGN HERE PLEASE!

PROMO CODE

\_\_\_\_\_  
Signature of Member / Date

# MEMBERSHIP FORM

## PROPOSER INFORMATION [NOT APPLICABLE FOR A1]

Name (as in NRIC/FIN)

## NOMINATION OF BENEFICIARY

In accordance with Sections 26 and 45 of the Co-operative Societies Act,

I,  NRIC/FIN No.

nominate the person(s) named below to receive according to the shares set down against his/her name of all sums payable by the Co-operative on my death.

Beneficiary's Name (as in NRIC/FIN/BC)	NRIC/FIN/BC No.	Date of Birth	Relationship	Share%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

In the event that any of my beneficiaries is below 21 years at the time of claim following my death, the person named below will act as a guardian for the minor(s).

Name of Guardian

NRIC/FIN No.

 SIGN HERE PLEASE!

Contact No.

Email Address

Signature of Member / Date

## Witnesses to Nominations

Witnesses must be at least 21 years old and are not nominees themselves. Nominations without witnesses shall not be valid.

1

Witness Name

2

Witness Name

NRIC/FIN No.

Signature of Witness

NRIC/FIN No.

Signature of Witness

## DECLARATION OF INDIVIDUAL TAX RESIDENCY

Country/Jurisdiction of Residence

Taxpayer Identification (TIN) No\*

\* For Singaporean or Singapore PR, your TIN No. is the same as your NRIC No. Please let us know if you do not have a TIN.

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.

**FOR  
OFFICIAL  
USE ONLY**

☐ Approved

☐ Not Approved

Membership No.

Secretary's Signature/Date

Processed Date

Staff Name & Signature

**BUSINESS REPLY SERVICE  
PERMIT NO. 05782**



AUPE Credit Co-operative Ltd  
Wisma AUPE  
295 Upper Paya Lebar Road  
Singapore 534929

**Savings** | *Be prepared for tomorrow,  
Save regularly*

**Subscription Deposit Account**

A compulsory savings account (\$10 a month)  
Offering good dividends

**Savings Deposit Account**

An optional savings account (min \$10 a month)  
Earn high interest

**Term Deposit Account**

Choose from 6-month, 12-month and  
18-month tenure

**Loans** | *Lower interest, Better control*

Available loan products:

1. Personal Loan
2. Renovation Loan
3. Marriage Loan
4. Education Loan
5. Medical Loan
6. Consolidation Loan

Competitive annual interest rates

Repayments up to : 36 months

**Benefits** | *Being with us have  
its privileges*



Exclusive Birthday Gift  
for members



Study Grants for your children  
ranging from \$100 to \$350  
(from primary to tertiary levels)



Hospitalisation Benefit Scheme:

Receive \$20 for each day of  
hospitalisation in Singapore



Membership Online Portal:

Register an account through  
our membership online portal  
at [www.aupe.org.sg/acc](http://www.aupe.org.sg/acc) to view  
your account and loan balances,  
monthly statements and monthly  
transactions on your electronic  
devices anytime, anywhere

Request for saving deposit acct  
withdrawal can be made via the  
portal and the monies will be  
transferred to your bank  
account via our FAST service

**AUPE Credit Co-operative Limited**

A credit co-operative since 1965



**Our Services and Benefits include:**

Grow your money faster in a safe and easy way

Earn attractive interest when you save with us

Get extra cash for the important things in life

Various types of loans to cater to  
your different needs in life

Find out how we can help **you** today!

Level 3 Wisma AUPE  
295 Upper Paya Lebar Road  
Singapore 534929  
WhatsApp: 85115067  
Email: [coop@aupe.org.sg](mailto:coop@aupe.org.sg)  
Website: [www.aupe.org.sg/acc](http://www.aupe.org.sg/acc)