



# THE SINGAPORE POLICE CO-OPERATIVE SOCIETY LTD

250 Sims Avenue #04-01 SPCS Building S(387513)  
UEN No: S26CS0004D | GST Reg. No: M90369498G  
Tel: 6334 8055 | Fax: 6334 8497

Website: www.policecoop.org.sg  
Email: enquiry@policecoop.org.sg  
Facebook: www.facebook.com/sgpolicecooperative

All fields with \* are required unless specified | Please tick (✓) whichever is applicable

## MEMBERSHIP APPLICATION FORM (ASSOCIATE MEMBER)

**Note:** This form must be submitted together with the original copy of the Interbank GIRO Application Form

Please tick (✓) accordingly:  Retiree  Affiliate  NSmen

### SECTION 1 - PERSONAL PARTICULARS

* FULL NAME (As in NRIC)				* PERSONNEL NO.			
* NRIC / FIN NO. (Please Include Prefix S, T, F or G)		* NATIONALITY	* RACE	* GENDER			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
* CONTACT NO. (MOBILE)		CONTACT NO. (HOME)	CONTACT NO. (OFFICE)	* DATE OF BIRTH (dd/mm/yyyy)			
* RESIDENTIAL ADDRESS (As in NRIC)							
MAILING ADDRESS (If different from residential address)							
* EMAIL ADDRESS (Personal email preferred)		* NAME OF BANK / BRANCH		* BANK ACCOUNT NO.			

### SECTION 2 - CURRENT EMPLOYMENT DETAILS

* NAME OF EMPLOYER		* DESIGNATION					
* GROSS MONTHLY SALARY		* EMPLOYMENT TYPE			* DATE OF EMPLOYMENT (dd/mm/yyyy)		
\$ / month							

### SECTION 3 - MONTHLY SAVINGS CONTRIBUTION | OBLIGATORY DUES

<b>(COMPULSORY) MONTHLY CONTRIBUTION: SUBSCRIPTION</b> Minimum: \$40.00   Maximum: \$500.00		<b>(OPTIONAL) MONTHLY CONTRIBUTION: SPECIFIC DEPOSIT</b> Minimum: \$10.00   Maximum: \$1,000.00	
\$ / month		\$ / month	
<b>(OBLIGATORY DUES) ONE-TIME DEDUCTION</b>		<b>SHARE CERTIFICATE NO. (FOR OFFICIAL USE ONLY)</b>	
- 150 Share Capital @ \$1.00/share \$150.00			
- Entrance Fee (excluding prevailing GST of 8%) \$ 20.00			

I hereby enclose the following documents for the processing of my application:

- (a) A copy of my **NRIC** (front & back);
- (b) A copy of my **latest payslip** (optional);
- (c) A copy of my **bank book / statement** - front page with my name and account number (preferably POSB / DBS bank account);
- (d) A copy of the **completed Individual Tax Residency Self-Certification Form**; and
- (e) A copy of the **completed Interbank GIRO Application Form (Original)**.



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I hereby declare that:

- (a) I am **16 years of age or above**;
- (b) I am a **citizen of Singapore or resident in Singapore**;
- (c) I am **not an undischarged bankrupt**; and
- (d) I am **not convicted of an offence punishable with imprisonment**.

I understand that this application is subject to acceptance by the Society. The Society reserves the right to decline my application without assigning any reason thereof.

I agree that upon acceptance of this application by the Society, I will pay all monies due, including all monthly payments/instalments, in accordance with the By-Laws.

I will abide by the Co-operative Societies Act, Rules and By-Laws of the Co-operative.

I am fully aware that I am not permitted to exercise any voting power and to stand for election during the Annual General meeting or Extra-Ordinary General Meeting.

I have read and understood the Co-operative's **Privacy Statement** (available on Police Co-op's website – <https://www.policecoop.org.sg>). I hereby consent to the Co-operative collecting, using and disclosing my personal data for the purposes set out therein, in particular, **to the processing of my membership application form and supporting documents pursuant to the provisions of the Co-operative Societies Act 1979** and to the disclosure of my personal data in accordance with the Personal Data Protection Act 2012.

<b>* APPLICANT'S SIGNATURE</b>	<b>* DATE (dd/mm/yyyy)</b>																																									
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SECTION 4 - REFERRER PARTICULARS (\$50 PROPOSER INCENTIVE PROGRAMME)																																												
<i>(To skip this section if there is no referrer for this application)</i>																																												
FULL NAME OF REFERRER (As in NRIC)	NRIC / FIN NO. OF REFERRER	<small>(Last 3 digits &amp; last alphabet of NRIC)</small>	DIVISION / UNIT																																									
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REFERRER'S SIGNATURE	DATE (dd/mm/yyyy)																																											
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<b>How did you hear about us?</b>	<input type="checkbox"/> Referred by an existing Police Co-op's member (\$50 Proposer Incentive Programme) <input type="checkbox"/> Came across Police Co-op's posters broadcasted via email (internal organisation network / intranet) <input type="checkbox"/> Social media (Police Co-op's Facebook Page) <input type="checkbox"/> Word-of-mouth (through a colleague / family member / existing member / etc.) <input type="checkbox"/> I attended a membership talk conducted by Police Co-op <input type="checkbox"/> Others (please specify): _____
<small>(Please tick (✓) whichever is applicable. You can tick more than 1 option.)</small>	

FOR OFFICIAL USE ONLY					
INPUT BY (Name & Signature)		CHECKED BY (Name & Signature)		SCANNED BY (Name & Signature)	
DATE <small>(dd/mm/yyyy)</small>		DATE <small>(dd/mm/yyyy)</small>		DATE <small>(dd/mm/yyyy)</small>	
REMARKS					