



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 (ORDINARY MEMBER)

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					
* DIVISION / UNIT	* RANK & SVC NO / EMPLOYEE CODE	* DATE OF EMPLOYMENT (dd/mm/yyyy)			
* GROSS MONTHLY SALARY	* EMPLOYMENT TYPE				
\$ / month					

SECTION 3 - MONTHLY SAVINGS CONTRIBUTION | OBLIGATORY DUES

(COMPULSORY) MONTHLY CONTRIBUTION: SUBSCRIPTION Minimum: \$40.00 Maximum: \$500.00		(OPTIONAL) MONTHLY CONTRIBUTION: SPECIFIC DEPOSIT Minimum: \$10.00 Maximum: \$1,000.00	
\$ / month		\$ / month	
(OBLIGATORY DUES) ONE-TIME DEDUCTION		SHARE CERTIFICATE NO. (FOR OFFICIAL USE ONLY)	
- 150 Share Capital @ \$1.00/share	\$150.00		
- Entrance Fee (excluding prevailing GST of 9%)	\$ 10.00		

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**;
- (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 my **employment contract**, if applicable. (Optional)



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*

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

I authorise my employer to deduct all my dues and credit them to the Co-operative.

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**.

* APPLICANT'S SIGNATURE	* DATE (dd/mm/yyyy)										
_____ APPLICANT'S SIGNATURE	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/				
		/			/						

SECTION 4 - REFERRER PARTICULARS (\$50 PROPOSER INCENTIVE PROGRAMME)

(To skip this section if there is no referrer for this application)

FULL NAME OF REFERRER (As in NRIC)	NRIC / FIN NO. OF REFERRER	(Last 3 digits & last alphabet of NRIC)	DIVISION / UNIT										
	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									-			
								-					
REFERRER'S SIGNATURE	DATE (dd/mm/yyyy)												
_____ REFERRER'S SIGNATURE	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					/			/				
		/			/								

How did you hear about us?	<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): _____
(Please tick (✓) whichever is applicable. You can tick more than 1 option.)	

FOR OFFICIAL USE ONLY

INPUT BY (Name & Signature)	CHECKED BY (Name & Signature)	SCANNED BY (Name & Signature)
DATE (dd/mm/yyyy)	DATE (dd/mm/yyyy)	DATE (dd/mm/yyyy)
REMARKS		