

APPLICATION FORM

SLF HARDSHIP GRANT / SPECIAL RELIEF FUND (SLF AFFILIATED UNIONS / ASSOCIATIONS)

With effect from 1 May 2002, please submit your application form to:

NTUC Community Development Department,
NTUC CENTRE, No. 1 Marina Boulevard, #11-01, One Marina Bouelvard, Singapore 018989.

Application for Hardship Grant / Special Relief Fund

I PARTICULARS OF THE DECEASED/VICTIM

- a) Name of deceased /victim (Mr) :
- b) Residential Address :
_____ Postal District :
- c) Home Tel No : Office Tel No :
- d) NRIC No : e) Nationality : Singaporean
- f) Date of Birth (dd/mm/yyyy) : ___/___/___ g) Marital Status : Single
- h) Name of Union :
- i) Date Joined Union (dd/mm/yyyy) : ___/___/___

II PARTICULARS OF EMPLOYMENT OF THE DECEASED/VICTIM

- a) Name & Address of Employer :
- b) Designation : c) Gross Monthly Salary : S\$____.
- d) Nature of Work :
- e) Commencement Date of service with Employer (dd/mm/yyyy) : ___/___/___

III PARTICULARS OF SPOUSE/NEXT OF KIN

- a) Name of Spouse/Next-of-kin (Mr) :
- b) Relation to Deceased/Victim :
- c) Address :
- d) Home Tel No : Office Tel No :
Mobile/Pager (if any) :
- e) NRIC No : f) Date of Birth Birth (dd/mm/yyyy) : ___/___/___
- g) Occupation : h) Gross Month Income : S\$____.
- i) Name & Address of Employer :

IV PARTICULARS OF CHILDREN (If space provided is insufficient, please use another sheet)

Name	NRIC No	Date of Birth (dd/mm/yyyy)	Occupation * Please indicate "schooling" if child is still schooling	Gross Monthly Income S\$
		/ /		.
		/ /		.
		/ /		.
		/ /		.
		/ /		.

V PARTICULARS OF PARENTS OF THE DECEASED/VICTIM WHO ARE DEPENDANTS & STAYING IN THE SAME HOUSEHOLD:-

Name	NRIC No	Date of Birth (dd/mm/yyyy)	Occupation	Gross Monthly Income S\$
		/ /		.
		/ /		.

VI REASONS FOR APPLICATION OF GRANT

(PLEASE ENCLOSE A COPY OF THE DEATH CERTIFICATE, MEDICAL REPORT, POLICE REPORT OR OTHER SUPPORTIVE DOCUMENTS)

Special Relief Fund For Industrial Victims	Pls tick	Hardship Grant For Non-Industrial victims	Pls tick
Death	<input type="checkbox"/>	Death	<input type="checkbox"/>
Total Permanent Incapacity	<input type="checkbox"/>	Permanent Incapacity	<input type="checkbox"/>
		Chronic Illness	<input type="checkbox"/>
		Fire or Flood	<input type="checkbox"/>

VII DETAILS OF ACCIDENT (where applicable)

Date & Time of Accident :

Venue :

Description of Accident :

VIII OTHER FINANCIAL ASSISTANCE

If dependents of the deceased/victim have applied or received financial assistance from other organizations, please give details :-

Name of organization	Date of application/ Receipt of assistance	Amount received or Receivable
		S\$_____.
		S\$_____.

VX DECLARATION

I declare that the particulars stated in this application are true and that I have not willfully suppressed any material fact.

Signature of Applicant

Date

Name of Applicant in Full

X VERIFICATION OF *UNION/ASSOCIATION MEMBERSHIP

I, _____, * President/ General Secretary/ Executive Secretary
Name

of _____, hereby verify that the above
Name of Union/Association

*applicant/victim is a member of the *Union/Association.

Signature/Date

Stamp of Union/Association

(*Please delete accordingly)

XI FOR OFFICIAL USE ONLY (* delete accordingly)

Application is *recommended/not recommended _____
Signature Date

Application is *approved/not approved _____
Signature Date

Remarks :

