



CUSTOMS CREDIT CO-OPERATIVE SOCIETY (S) LTD.

35 Selegie Road #04-01, Parklane Shopping Mall, Singapore 188307
Tel: +65 6338 4890 Fax: +65 6338 4870 Email: cccsl@singnet.com.sg

APPLICATION FOR ADMISSION (BY-LAWS No 5)

PERSONAL PARTICULARS

NAME (as in NRIC) in BLOCK LETTERS

NRIC NO: _____ (Pink/Blue) DATE OF BIRTH: _____ PERSONAL NO: _____

RESIDENTIAL ADDRESS: _____

POSTAL CODE: _____ RANK: _____ DATE JOINED SERVICE: _____

MALE/FEMALE ATTACHED TO: _____ SALARY (GROSS) \$ _____ MOBILE NO: _____

OFFICE TEL NO: _____ EMAIL _____ RACE _____

I have read and understood the Society's By-laws and agree to be bound by them and by such amendments as from time to time to be made in them.

I agree, if admitted to pay a Thrift Savings of \$ _____ per month in accordance with the term of the By-laws and authorise the Society to obtain this amount by deduction monthly from my salary, before such salary is paid to me.

I also agree to deposit \$ _____ per month for my General Savings Account.

I hereby authorise the Head of my Department to make these deductions monthly.

DATE: _____ SIGNATURE OF THE APPLICANT: _____

NAME OF PROPOSER: _____

ADDRESS: _____

MOBILE NO: _____ SIGNATURE OF PROPOSER: _____

FOR OFFICIAL USE ONLY

Entrance fee (pay once only) : _____

Thrift Savings: _____

General Savings: _____

Total: _____

Member Registration No : _____

Signature of Chairman: _____

Date Approved: _____