

# MEMBERSHIP APPLICATION FORM



## **BENEFITS OF TCC MEMBERSHIP**

- Attractive interest rates on Savings
- 24-hour banking via Internet, telephone & TCC ATM
- Up to \$1050 in financial aid for hospitalisation
- Up to \$1500 rebate for MDIS study courses
- Employment opportunities
- Annual Scholarships for children
- Bursary Awards for children
- Baby bonuses
- Marriage grants
- Financial assistance for handicapped children
- Use of Ceylon Sports Club facilities
- Member discounts and rates
- Enjoy discounts on processing fees

**And more...**



**The Credit Co-operative Limited**  
**The Credit Co-operative with a Heart**

**BUSINESS REPLY SERVICE  
PERMIT NO. 05799**

**TCC CREDIT CO-OPERATIVE LTD**  
**95 Killiney Road**  
**Singapore 239537**

Postage will be  
paid by  
addressee.  
For posting in  
Singapore &  
Malaysia only

### I : TYPES OF MEMBERSHIP

- ORDINARY** – Members who contribute directly to TCC Credit Co-operative Ltd by Payroll Deduction from their employer.
- ASSOCIATE** – Members who contribute to TCC Credit Co-operative Ltd by GIRO deduction.

### II : PERSONAL DETAILS

Dr/Mr/Ms

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Type of NRIC:  Singapore  Permanent Resident

NRIC No: 

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"Please attach your photocopied NRIC(front and back)"

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race:  Chinese  Malay  Indian  Others \_\_\_\_\_

Marital Status:  Married  Single

Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (S) \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (O): \_\_\_\_\_

Tel (HP): \_\_\_\_\_ Email: \_\_\_\_\_

### III : EMPLOYMENT DETAILS

Employer: \_\_\_\_\_

Designation: \_\_\_\_\_ Salary: \_\_\_\_\_

### IV : DEDUCTION

- S1 (Subscription) \$10 (for Ordinary Members only)
- S2 (Super Saver) \$10 (For All Members)

### V : TELE-BANKING

*To apply for Tele-Banking Facility (DBS/POSB bank only)*

A/C 

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*To apply for Internet Banking Facility*

A/C 

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### VI : DECLARATION

- I (Name) \_\_\_\_\_ NRIC \_\_\_\_\_
- a. Declare that I have not been convicted or am currently being charged with any crime in the Republic of Singapore or in any other country.
  - b. Declare that I am not an undischarged bankrupt either in the Republic of Singapore or in any other country and that I am not aware of any bankruptcy proceedings pending against me in Singapore or elsewhere.
  - c. Declare that the information provided in this document is true and correct.
  - d. Agree that as a member of TCC Credit Co-operative Ltd, I am bound by the Credit Co-operative's by-laws.
  - e. Authorise TCC Credit Co-operative Ltd to deduct on a monthly basis the sums specified in the section "Deduction".
  - f. Understand that deductions can be altered or cancelled and that this may take up to 2 months to process.
  - g. Understand that rejected GIRO payments may affect the outcome of future loan applications that I make to TCC Credit Co-operative Ltd.
  - h. Hereby authorize TCC Credit Co-operative Ltd to act upon my written and/or verbal instructions.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### VII : MEMBERSHIP RECOMMENDED BY:

Name: \_\_\_\_\_ NRIC: \_\_\_\_\_

How do you get to know TCC? - Please circle the following answer: A] Facebook/Twitter B] Email C] Friends

## NOMINATION FORM

### IMPORTANT NOTE:

- If nominees are below 21 years old, Guardian must be nominated.
- Your witness must not be yourself or your nominee(s). Your witness must be 21 years old and above.
- The use of correction fluid/tape or not signing against amendments will void the nomination.
- A form without any witness will void the nomination.

### 1. Particulars of Nominee(s)

#### NOMINEE 1

Name (as in NRIC) : \_\_\_\_\_

NRIC : \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage : \_\_\_\_\_

Address: \_\_\_\_\_ (S) \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (HP) : \_\_\_\_\_ Tel (O) : \_\_\_\_\_

*Guardian's Particular (if Nominee is below 21 years old)*

Name (as in NRIC) : \_\_\_\_\_ NRIC : \_\_\_\_\_

Address : \_\_\_\_\_ (S) \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (HP) : \_\_\_\_\_ Tel (O) : \_\_\_\_\_

#### NOMINEE 2

Name (as in NRIC) : \_\_\_\_\_

NRIC : \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage : \_\_\_\_\_

Address: \_\_\_\_\_ (S) \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (HP) : \_\_\_\_\_ Tel (O) : \_\_\_\_\_

*Guardian's Particular (if Nominee is below 21 years old)*

Name (as in NRIC) : \_\_\_\_\_ NRIC : \_\_\_\_\_

Address : \_\_\_\_\_ (S) \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (HP) : \_\_\_\_\_ Tel (O) : \_\_\_\_\_

#### NOMINEE 3

Name (as in NRIC) : \_\_\_\_\_

NRIC : \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage : \_\_\_\_\_

Address: \_\_\_\_\_ (S) \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (HP) : \_\_\_\_\_ Tel (O) : \_\_\_\_\_

*Guardian's Particular (if Nominee is below 21 years old)*

Name (as in NRIC) : \_\_\_\_\_ NRIC : \_\_\_\_\_

Address : \_\_\_\_\_ (S) \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (HP) : \_\_\_\_\_ Tel (O) : \_\_\_\_\_

### 2. Particulars of Witness

Name (as in NRIC) : \_\_\_\_\_

NRIC: \_\_\_\_\_ Relationship to TCC Member: \_\_\_\_\_

Address: \_\_\_\_\_ (S) \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (HP) : \_\_\_\_\_ Tel (O) : \_\_\_\_\_

Email : \_\_\_\_\_

\_\_\_\_\_

Signature

Date

### 3. Declaration by TCC Member

- I do not wish to distribute my TCC Ltd moneys according to the Intestacy laws/Inheritance Certificate, whichever is applicable. I wish to distribute all moneys that may be due to me from TCC Ltd to the person/persons named in this form.
- I nominate the person/persons named in this form to receive according to the share set down against his/her/their name(s) the TCC Ltd moneys in the event of my death.
- I understand that this nomination will be superseded by a subsequent nomination made by me.
- I sign on the form
  - in the presence of the 1 witness; or
  - in the presence of the 1 witness, after the contents have been read over and explained to me in ..... (please specify language/dialect) by

.....(Name)

.....(NRIC No.)

\_\_\_\_\_

Signature

Date

# PERSONAL DATA PROTECTION STATEMENT

TCC Ltd acknowledges its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

## 1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) communicate on purposes relating to an application or other matters;
- (c) decide whether to approve or continue to provide you additional services to you and/or your spouse or children;
- (d) determine and verify your creditworthiness for the financial and insurance products you apply for; this includes verifying the same with third-parties like consumer credit bureaus or other relevant organizations;
- (e) provide financial advice for product recommendation based on your financial needs analysis;
- (f) provide ongoing services and respond to your inquiries or instructions;
- (g) make or obtain payments;
- (h) recover any debt owed to us;
- (i) detect and prevent fraud, unlawful or improper activities;
- (j) conduct research and statistical analysis;
- (k) coach employees and monitor for quality assurance;
- (l) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (m) inform you of our philanthropic and charity initiatives, promotions, marketing events, surveys, events and activities and the like.

## 2. Collection, use and disclosure of personal data

You agree that we may also collect, use and disclose your personal data to contact third-parties which are necessary, appropriate and reasonable in order to fulfill our contractual obligations or to provide the service to you as our member, via telephone calls and text messages or by any other electronic means.

## 3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so.

## 4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

## 5. Marketing

We may use your personal information to identify goods and services in which you may be interested and market offers to you by telephone, SMS, or other electronic means, in relation to such goods and services. You agree that your consent will remain in place until you withdraw it or until twelve (12) months after you ceased being a member. If you wish to opt out of receiving marketing from us, you may write to us to update your privacy preference at any time.

## 6. Electronic or telephone communication

If you contact us by any electronic means, we may record the telephone number or internet protocol address on which you contacted us. We may also monitor or record telephone calls between us for quality assurance of our customer service.

Name: \_\_\_\_\_ NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer,  
TCC Credit Co-operative Ltd.  
95 Killiney Rd,  
Singapore 239537

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Deductions Commence: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_



# TCC Credit Co-operative Ltd

The Credit Co-operative with a heart

## Application Form For INTERBANK GIRO

### Part 1: FOR APPLICANT'S COMPLETION

Date	Name of Billing Organisation or ("BO") <b>TCC CREDIT CO-OPERATIVE LTD</b>																			
To (name of Financial Institution/Bank)	Billing Organisation's Members' Name																			
Branch	NRIC No.																			
	Billing Organisation's Member's Reference No. <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																			
Member No.																				
<p>(a) I/We hereby instruct you to process the BO's instructions to debit my/our account.</p> <p>(b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.</p> <p>(c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.</p>																				
My/Our Name (s) (Accountholder)	My/Our Tel/Fax No.																			
My/Our Account No. <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				My/Our Company Stamp/Signature(s)/Thumbprint(s)* (Accountholder)  (As in Financial Institution's records)

### Part 2: FOR BILLING ORGANISATION'S COMPLETION

<table border="1" style="width: 100%;"> <tr> <th>Bank</th> <th>Branch</th> <th>Billing Organisation's Account No.</th> </tr> <tr> <td>7 1 7 1</td> <td>0 2 2</td> <td>0 2 2 0 2 2 0 7 7 2</td> </tr> </table>	Bank	Branch	Billing Organisation's Account No.	7 1 7 1	0 2 2	0 2 2 0 2 2 0 7 7 2	Billing Organisation's Member's Reference No. <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>														
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### Part 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: **TCC Credit Co-operative Ltd**  
95 Killiney Road S'pore 239537 Tel. 6319 3700

This application is hereby REJECTED (please tick) for the following reason (s):

- Signature/Thumbprint# differs from financial institution's records
- Signature/Thumbprint# incomplete/unclear#
- Account operated by signature/thumbprint#
- Wrong account number
- Amendments not countersigned by customer
- Others : .....

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature

\_\_\_\_\_  
Date

# For thumbprints, please go to the branch with your identification  
\* Please delete where inapplicable