



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

**TCC YOUTH COMMITTEE
REGISTRATION FORM**

Client No.: _____

Name as per NRIC (in BLOCK LETTERS, underline <u>surname</u>) *Dr/Mr/Mdm/Mrs/Miss _____		NS Status (if applicable) Full Time _____ N/A Reservist _____ Exempted _____
NRIC No. _____	Date of Birth (dd/mm/yy) _____	
Gender Male _____ Female _____		
Race _____	Marital Status Single _____ Married _____ Widowed _____ Divorced/Separated _____	Country of Birth _____
Nationality _____		
Language/Dialect: Written _____ Spoken _____		
Highest Education Level Attained: Primary _____ Secondary _____ *GCE 'N'/'O' _____ ITE _____ GCE 'A' _____ Diploma _____ Degree _____ Master's _____ Others _____		
Name of Diploma/Degree Attained _____		
Name of Polytechnic/University Attended _____		
Home Address _____		Postal Code _____
Home Telephone No. _____		Handphone No. _____ E-mail Address _____

Name of *Employer/Company (please specify if you are self-employed) _____ Occupation _____

Workplace Address _____ Postal Code _____

Workplace Telephone No. _____

I hereby declare that the information provided in this form is accurate and true, and there are no undisclosed detail(s) that would affect the approval of this registration. I will duly inform TCC of any information change(s).

I consent that the personal information provided may be used by TCC to contact me in connection with my participation as a Youth Committee member with TCC. I understand that any personal information will not be disclosed to parties outside of TCC.

Signature of Applicant

Date

FOR OFFICIAL USE	
Approved	Declined
Recommended by _____	Endorsed by _____
Name & Designation	Signature & Date
*Delete as necessary	Cross where appropriate
CONFIDENTIAL	