

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

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

BUSINESS REPLY SERVICE
PERMIT NO. 05799

TCC CREDIT CO-OPERATIVE LTD
95 Kiliney Road
Singapore 239537

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

Type of NRIC: ☐ Singapore ☐ Permanent Resident

NRIC No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

"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 _____

- 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.
- 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.
- Declare that the information provided in this document is true and correct.
- Agree that as a member of TCC Credit Co-operative Ltd, I am bound by the Credit Co-operative's by-laws.
- Authorise TCC Credit Co-operative Ltd to deduct on a monthly basis the sums specified in the section "Deduction".
- Understand that deductions can be altered or cancelled and that this may take up to 2 months to process.
- Understand that rejected GIRO payments may affect the outcome of future loan applications that I make to TCC Credit Co-operative Ltd.
- 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

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: _____

Application Form For INTERBANK GIRO

Part 1: FOR APPLICANT'S COMPLETION

Date	Name of Billing Organisation or ("BO") TCC CREDIT CO-OPERATIVE LTD
To (name of Financial Institution/Bank)	Billing Organisation's Members' Name
Branch	NRIC No.
	Billing Organisation's Member's Reference No. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>
	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. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	My/Our Company Stamp/Signature(s)/Thumbprint(s)* (Accountholder) (As in Financial Institution's records)

Part 2: FOR BILLING ORGANISATION'S COMPLETION

Bank	Branch	Billing Organisation's Account No.		Billing Organisation's Member's Reference No.
7 1 7 1	0 2 2	0 2 2 0 2 2 0 7 7 2		<div style="display: flex; justify-content: space-between; border: 1px solid black; height: 30px; width: 100%;"></div>

Bank	Branch	Account No. To be Debited

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

Authorized Signature

Date _____



TCC Credit Co-operative Limited

95 Killiney Road, Singapore 239537 Tel: 6319 3700 Fax: 6738 1977

Email: info@tcc.org.sg

Website: www.tcc.org.sg

Individual Tax Residency Self-Certification Form

(please complete parts 1 to 3 in BLOCK CAPITALS. Fields marked with * are mandatory)

PART 1 - IDENTIFICATION OF INDIVIDUAL ACCOUNT HOLDER

For joint or multiple account holders, use a separate form for each individual person.

A. Name of Account Holder:

Family Name or Surname(s) :*

First or Given Name :*

Middle Name(s) :

B. Current Residence Address:

Blk/House Number :* Unit Number :*

Street Name :*

Country :* Postal Code :*

C. Mailing Address: (if different from the current residence address shown above)

Blk/House Number : Unit Number :

Street Name :

Country : Postal Code :

D. Date of Birth :*

PART 2 - COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES AND RELATED TAXPAYER IDENTIFICATION NUMBER OR EQUIVALENT NUMBER* ("TIN")

Please complete the following table indicating:-

1. Where the Account Holder is tax resident (including Singapore)
2. The Account Holder's TIN for each country/jurisdiction indicated.

If the Account Holder is a tax resident of Singapore, the TIN number will be the Singapore Tax Reference Number.

If the Account Holder is a tax resident in more than three countries/jurisdiction, please use a separate sheet.

** If a TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:-

Reason A - The country/jurisdiction where the Account Holder is resident does not issue TINS to its residents.

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number.

Reason C - No TIN is required. (NOTE: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.)



TCC Credit Co-operative Limited

95 Killiney Road, Singapore 239537 Tel: 6319 3700 Fax: 6738 1977

Email: info@tcc.org.sg

Website: www.tcc.org.sg

Country/Jurisdiction of Tax Residence		TIN Number	If no TIN available, please indicate reason A,B or C.**	Please explain why you are unable to obtain a TIN (if reason B is selected)
1				
2				
3				

PART 3 - DECLARATION AND SIGNATURE*

I acknowledge and understand that the information contained in this form is collected and may be kept by TCC Credit Co-operative Limited for the purpose of automatic exchange of financial account information; and the information regarding the Account Holder and any Reportable Account(s) may be reported to the Inland Revenue Authority of Singapore and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to the international tax compliance agreements to exchange financial account information under the Income Tax Act.

I certify that I am the Account Holder / I am authorised to sign for the Account Holder[^] of all the account(s) to which this form relates. ([^] delete where applicable)

I undertake to advise TCC Credit Co-operative Limited of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide TCC Credit Co-operative Limited with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

Signature :*

Name :*

Date :*

Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form. If signing under a Power of Attorney, please also attached a certified copy of the Power of Attorney.

Capacity :*

WARNING:

It is an offence under Sections 105M(3A) and 105(3B) of the Income Tax Act for any person to provide a Financial Institution any information which he knows is false or misleading through a self-certification. A person who is guilty of the offence is liable on conviction to a fine of up to \$10,000 or imprisonment for a term of up to 2 years or to both.



Common Reporting Standard (CRS) Individual Self-Certification Form

(please read instructions before completing this form)

Why are we asking you to complete this form?

To help protect the integrity of tax systems, governments around the world are introducing a new information gathering and reporting requirement for financial institutions. This is known as the Common Reporting Standard ("the CRS").

Under the CRS, we need to know where you are "tax resident" (this is usually where you pay your income taxes). If you are tax resident outside Singapore, we will need to give the Inland Revenue Authority of Singapore (IRAS) this information, along with information relating to your accounts. This information may then be shared between different countries' tax authorities.

Completing this form will ensure that we hold accurate information and up to date information about your tax residency.

If your circumstances change and any of the information provided in this form becomes incorrect, please let us know immediately and provide an updated Self-certification form.

Who should complete the CRS Individual Self-Certification Form?

- Personal Account Holders or sole traders
- Each Individual Account Holder for joint accounts

If you are completing this form on behalf of someone else, please ensure that you let them know that you have done so and tell us in what capacity you are signing in Part 3. For example, you might be completing this form as a custodian or nominee of an account, under a Power of Attorney or as a legal guardian on behalf of an account holder who is a minor. **Where to find further information?**

The "Organisation for Economic Co-operation and Development" (OECD) has developed the rules to be used by all governments participating in the CRS and these can be found on the OECD's "Automatic Exchange of Information" (AEOI) website, www.oecd.org/tax/automatic-exchange/

If you have any questions on how to define your tax residency status, please visit the OECD website, or speak to your tax advisor, as we are not allowed to give tax advice.

You can find a list of definitions in the Definitions Page behind.



Definitions

Note: These are selected definitions provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information, the associated Commentary to the CRS, and domestic guidance which can be found at the following link [OECD Automatic Exchange of Information portal \(http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm\)](http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm)

"Account Holder" means the person listed or identified as the holder of a financial account. A person, other than a financial institution, holding a financial account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each account holder is treated as an Account Holder.

"Controlling Person" is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity ("NFE") then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term "beneficial owner" as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). **If the account is maintained for an entity of which the individual is a Controlling Person, then the "Controlling Person tax residency self-certification" form should be completed instead of this form.**

"Entity" means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.

"Financial Account" is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and Debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

"Participating Jurisdiction" means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the CRS.

"Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

"Reportable Jurisdiction" is a jurisdiction with which an obligation to provide financial account information is in place.

"TIN"(including "functional equivalent") means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purpose of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the OECD automatic exchange of information portal link.

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification ("a functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.

Company Name: TCC Credit Co-Operative Ltd	Document Number: TCC-PF-033
Nomination Form	Revision: 04
	Effective Date: 21st Mar 2017

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 TCC Ltd Member

Name (as in NRIC) in block:

NRIC Number:

Member Number:

Address : Postal Code

Tel (Home):

Tel (Hp):

Tel (Off):

Email Address:

2. Particulars of Nominee(s)

NOMINEE 1

Name (as in NRIC):

NRIC Number:

Relationship:

Percentage (%):

Address : Postal Code

Tel (Home):

Tel (Hp):

Tel (Off):

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

Name of Guardian: NRIC Number:

Address : Postal Code

Tel (Home):

Tel (Hp):

Tel (Off):

NOMINEE 2

Name (as in NRIC):

NRIC Number:

Relationship:

Percentage (%):

Address : Postal Code

Tel (Home):

Tel (Hp):

Tel (Off):

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

Name of Guardian: NRIC Number:

Address : Postal Code

Tel (Home):

Tel (Hp):

Tel (Off):

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NOMINEE 3

Name (as in NRIC):

NRIC Number: Relationship: Percentage (%):

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

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

Name of Guardian: NRIC Number:

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

NOMINEE 4

Name (as in NRIC):

NRIC Number: Relationship: Percentage (%):

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

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

Name of Guardian: NRIC Number:

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

3. Particulars of Witness

Name (as in NRIC):

NRIC Number: Relationship to TCC Member:

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

Email Address:

Signature of Witness & Date:

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WITNESS 2

Name (as in NRIC):

NRIC Number: Relationship to TCC Member:

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

Email Address:

Signature of Witness 2 & Date:

4. Declaration by TCC Member

i) 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.

ii) 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.

iii) I understand that this nomination will be superseded by a subsequent nomination made by me.

iv) I sign on the form

(a) in the presence of the 1 witness; or

(b) 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 of TCC Member & Date:

Company Name: TCC Credit Co-Operative Ltd	Document Number: TCC-PF-033
Nomination Form	Revision: 04
	Effective Date: 21st Mar 2017

FOR OFFICIAL USE ONLY	
Receipt Date:	
Received By:	
Processed By:	
Remarks:	