

<b>Company Name:</b> TCC Credit Co-Operative Ltd	<b>Document Number:</b> TCC-PF-027
<b>Common Good Fund Form</b>	<b>Revision: 08</b>
	<b>Effective Date: 24<sup>th</sup> Oct 2017</b>

Name (as in NRIC): \_\_\_\_\_ NRIC No: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact No : \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Hp)

**MODE OF PAYMENT**

Bank into my: \_\_\_\_\_ (Bank Name) \_\_\_\_\_ A/C No) \_\_\_\_\_  
 Cheque Payee: \_\_\_\_\_ (if differs)  
 Self Collection of Cheque  
 Transfer to S2  
Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**FOR OFFICIAL USE**-----

**HOSPITALISATION**

Years of Membership	Type of Membership			
	Ordinary	Max Payout	Family/Associate	Max Payout
1 to less than 5	\$25 per day up to 10 days	\$250	\$15 per day up to 10 days	\$150
5 to less than 10	\$30 per day up to 20 days	\$600	\$20 per day up to 20 days	\$400
More than 10	\$35 per day up to 30 days	\$1050	\$25 per day up to 30 days	\$750

**HEART CHECK UP**

Years of Membership	Type of Membership	
	Ordinary	Family/Associate
1 to less than 5	\$10	\$5
5 to less than 10	\$15	\$10
10 to less than 20	\$20	\$15
More than 20	\$25	\$20

**BABY BONUS**

Years of Membership	Type of Membership	
	Ordinary	Family/Associate
Above 1 year	\$150	\$100

**MARRIAGE GRANT**

Years of Membership	Type of Membership	
	Ordinary	Family/Associate
1 to less than 5	\$150	\$100
5 to less than 10	\$200	\$150
More than 10	\$250	\$200

**HANDICAP CHILDREN FUND**

Type of Membership	Ordinary	Family/ Associate
	Partial Handicap: \$150 per year (Up to 18 Years Old)	Partial Handicap: \$100 per year (Up to 18 Years Old)

Client No: \_\_\_\_\_

Length of Membership/Commencement Date: \_\_\_\_\_ / \_\_\_\_\_

**HOSPITALISATION / HEART CHECK UP DETAILS**

Name of Hospital: \_\_\_\_\_ Case No : \_\_\_\_\_

Date of Admission/Heart Checkup: \_\_\_\_\_ Date of Discharge/Checkup: \_\_\_\_\_

Total No. of Days Hospitalised: \_\_\_\_\_ Amount Payable : \$ \_\_\_\_\_

**BABY BONUS / HANDICAP CHILDREN CLAIMS**

Name Of Child: \_\_\_\_\_ BC/IC No. : \_\_\_\_\_ D.O.B: \_\_\_\_\_

**MARRIAGE GRANT**

Marriage Certificate No: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**VERIFIED BY** (Client Diary Checked)

Processed By \_\_\_\_\_ : \_\_\_\_\_ Date : \_\_\_\_\_  
MSO/MSE

Remarks (if any) \_\_\_\_\_ : \_\_\_\_\_

Recommended/Not Recommended By: \_\_\_\_\_ Date : \_\_\_\_\_  
Supervisor/Manager

Remarks (if any) \_\_\_\_\_ : \_\_\_\_\_

Approved / Rejected By \_\_\_\_\_ : \_\_\_\_\_ Date : \_\_\_\_\_  
General Manager