



# SINGAPORE AIRLINES STAFF UNION

Airline House, SIN ALH 05-A, 25 Airline Road, Singapore 819829 Tel: 6541-6090/97 Fax: 6545 9221

## AUTHORIZATION FOR CHECK-OFF

STAFF NO. / BOX NO

Submit two (2) passport colour photos

P/N

TO: Senior Accountant, Pay-roll

Through: General Secretary

(1) I wish to request you to deduct from my salary and annual wage supplement, where applicable, the following sums as payment of my union membership subscriptions and levies as follows:

- |                              |                                    |
|------------------------------|------------------------------------|
| a. Membership subscription   | Deduction monthly accordingly      |
| b. Levies (13 Month Payment) | Deduction once a year accordingly. |
| Singapore Labour Foundation  |                                    |

(2) This request is valid for period from: \_\_\_\_\_ (date) to: \_\_\_\_\_ (date). The amount deducted is to be sent to Singapore Airlines Staff Union of which I am a member. If I wish to stop such deductions before the stipulated period, I shall inform you in writing through my union giving you six month's advancenotice. The deductions should cease on the expiry of the notice period or earlier as my union may advise you accordingly,

NAME: \_\_\_\_\_

NRIC NO: \_\_\_\_\_ FIN NO: \_\_\_\_\_

COMPANY: \*SIA / SIAEC / SILKAIR / TRADEWINDS / SIA CARGO / ESA

DIVISION/DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE

WITNESS

NAME..... SIGNATURE/DATE.....

Subscription & levy payable shall be non-refundable.



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## APPLICATION FOR ORDINARY MEMBERSHIP

Secretary,

Staff No:

I wish to make application for membership of the above Union. I hereby agree to abide by the constitution of the Union and to any additions and/or amendments as may from time to time be made to the constitution.

Name in full: .....  
(IN BLOCK LETTERS)

NRIC No : ..... \*BLUE/RED FIN No: .....

Home Address : .....

Citizenship..... Race:.....

Sex:..... Marital Status:.....

Date Of Birth: ..... Age:.....

Present Employer: ..... Date Employed:.....

Occupation:..... Date Confirmed:.....

Grade: ..... Basic Salary:.....

Department: ..... Cost Centre:.....

Office Phone: ..... Home Phone:.....

Name of \*Wife/Husband:..... Nric No:.....

Name of Father:..... Nric No:.....

Name of Mother:..... Nric No:.....

Names of Children:..... Age:.....

..... Age:.....

..... Age:.....

Are you at present a member of any other Trade Union )

If so, state name of Union and Membership No: ).....

Proposed By: ..... Signature ..... Membership No: .....  
(Name IN BLOCK LETTERS)

Seconded By: ..... Signature ..... Membership No: .....  
(Name IN BLOCK LETTERS)

I, the undersigned, hereby state that the particulars furnished by me hereinbefore are true and correct to the best of my knowledge and herewith submit the sum of \$..... as payment of my Entrance Fee and Two Months Subscriptions in advance according to the rates overleaf and my authorisation in writing on the prescribed form for the check-off of all subsequent monthly subscriptions, levies and contributions.

Date: .....  
\*Delete whichever not applicable

..... (Applicant's Signature).....



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## NOMINEE FOR FOR SIA-SU UNION BENEFIT SCHEME AND NTUC INCOME GROUP PERSONAL INSURANCE SCHEME

Name:..... NRIC No:.....

Staff No:..... Dept/Division ..... FIN No:.....

Home Address: .....

.....

I hereby nominate the persons named in the Schedule as my nominees to receive at my death the shares set down against their respective names of all sums payable under the above schemes, provided that the share of any nominee who dies before me shall pass to the surviving nominees and shall be shared among them in the same proportion as the respective shares of the surviving nominees bear to each other.

### SCHEDULE OF PERSONS NOMINATED

Full name and Address	NRIC/BC No	Age	Relationship	Share to be paid (Percentage)

Dated and signed at Singapore this.....Day of.....20.....

.....  
Signature of Member

Witness to member's signature:

Signature of Witness: 1 ..... 2 .....

FullName of Witness: ..... .....

NRIC No. of Witness: ..... .....

Occupation of Witness: ..... .....

Address of Witness: ..... .....

.....  
.....  
.....

**IMPORTANT:** Please note that 2 witness must sign and complete the form. The witness must not be the Nominee/s nor the spouse of the proposer. They must also be over 21 years of age.