

# ASSOCIATE MEMBERSHIP APPLICATION

SINGAPORE MALAY TEACHERS CO-OPERATIVE LTD  
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## PERSONAL PARTICULARS

|   |                                       |   |                                  |  |
|---|---------------------------------------|---|----------------------------------|--|
| NAME as in NRIC/ Passport ( Prof /Dr / Mr / Mrs / Ms / Mdm )                |                                       |   |                                  |  |
| NRIC No:  | Pink / Blue                           | Nationality   | Race                             | Sex<br><input type="checkbox"/> Female <input type="checkbox"/> Male |
| Residential Address   |                                       |   |                                  | Postal Code  |
| Contact No<br>Home :                      H/P:                      Office: |                                       |   | E-mail Address                   |  |
| Date Of Birth (dd/mm/yyyy)  | Marital Status                        | <input type="checkbox"/> Single                     | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced                                    |
|   |                                       | <input type="checkbox"/> Widowed                    | <input type="checkbox"/> Others  |  |
| Academic Qualification  | <input type="checkbox"/> Postgraduate | <input type="checkbox"/> Degree                     | <input type="checkbox"/> Diploma | <input type="checkbox"/> A'Level                                     |
|   | <input type="checkbox"/> O' level     | <input type="checkbox"/> Others (pls specify) _____ |                                  |  |

## PROFESSION

|                      |  |
|----------------------|--|
| Name of Company :    | <input type="checkbox"/> Tick here if Self –employed |
| Address of Company : | Designation :  |
| Postal Code :        | Length of Service:                                   |

## INCOME

|                            |                                     |
|----------------------------|-------------------------------------|
| Monthly Gross Salary : S\$ | Other Income (please specify) : S\$ |
|----------------------------|-------------------------------------|

## COMPULSORY SAVINGS

|  |  |
|--|--|
| <b>SGM Mudharabah Share Account (S1)</b><br>* 1 time deduction, S\$1.00 per unit<br><br>Minimum 1000 units x \$1.00 <input type="checkbox"/> (with / without 10 mths instalment)<br>Others _____ units x \$1.00 <input type="checkbox"/> | <b>SGM Mudharabah Capital Account (S2)</b><br>* Monthly deduction<br><br>Minimum \$30.00 <input type="checkbox"/><br>Others S\$ _____ <input type="checkbox"/> |
|--|--|

## OPTIONAL SAVINGS

|   |  |
|---|--|
| <b>SGM Mudharabah General Savings (S3)</b><br>_Minimum \$30.00 (pls specify) : S\$ _____. | <b>SGM Mudharabah Haj Savings (S4)</b><br>Minimum \$30.00 (pls specify) : S\$ _____. |
|---|--|

|  |  |
|--|--|
| <b>SGM Mudharabah Education Savings (S5)</b><br>Minimum \$30.00 (pls specify) : S\$ _____. | <b>OPTIONAL SUBSCRIPTION</b><br><b>DKB – Dana Kebajikan Bersama (S6)</b><br>* Monthly subscription fee of S\$3.00.<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

## NOMINEE (S)

| NAME     | NRIC  | RELATIONSHIP | %      |
|----------|-------|--------------|--------|
| 1) _____ | _____ | _____        | _____. |
| 2) _____ | _____ | _____        | _____. |

**WITNESS/S:**

1) Name : \_\_\_\_\_ NRIC : \_\_\_\_\_ Signature: \_\_\_\_\_.

2) Name : \_\_\_\_\_ NRIC : \_\_\_\_\_ Signature: \_\_\_\_\_.

## APPLICANT DECLARATION

- An immediate family to an active Ordinary member of SGM.
- Full-time employed and aged above 18 years old.
- Not an un-discharged bankrupt.

**# Entrance Fee : S\$30.00 (Once Only)**

I declare that the information given is correct. I also agree to obey all Rules on Opening of Account and all other administrative rules that are related to my account.

I, the owner of the capital, agree to surrender my capital as stated above to SGM, as the manager, to be managed in the form of investments or any others with the profits to be shared between the 2 parties according to the Mudharabah law. In the surrendering of my capital, I allow SGM to deduct the amount as stated above from my monthly salary / GIRO.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

## FOR OFFICE USE

|                      |                         |                                 |                               |                              |
|----------------------|-------------------------|---------------------------------|-------------------------------|------------------------------|
| <b>Membership No</b> | <b>Checked By</b>       | <b>Payment Mode</b>             |                               |                              |
|                      |                         | <input type="checkbox"/> Cheque | <input type="checkbox"/> Cash | <input type="checkbox"/> CPO |
| <b>Approved By</b>   | <b>Date of Approval</b> | <input type="checkbox"/> GIRO   |                               |                              |

Approval and Rejection of membership is at the sole discretion of the Members of the SGM Board of Directors.