CUSTOMS CREDIT CO - OPERATIVE SOCIETY (S) LTD. 35 Selegie Road #04-01, Parklane Shopping Mall, Singapore 188307 Tel: +65 6338 4890 Fax: +65 6338 4870 Email: cccsl@singnet.com.sg



APPLICATION FOR ADMISSION (By-1aw 5)

PERSONAL PARTICULARS

NAME (AS IN NRIC) IN BLOCK			
DATE OF BIRTH);
			*(PINK/BLUE)
RESIDENTIAL ADDRESS			
RANK :	DATE JOINED SI	ERVICE:	* MALE/ FEMALE
ATTACHED TO:	SALA	RY DRAWN:	_ (GROSS)
TEL. NO:(OFFICE)	RACE :	RE	LIGION :
I have read and do understand as from time to time be made in them I agree, if admitted, to pay a thr the by-laws and authorise the Socie salary is paid to me. I also agree to de I here by authorise the Head of	l the Society's by-laws a ift saving of\$ ety to obtain this amou	nd agree to be bound then per month in a nt by deduction monthly f	n and by such amendmends accordance with the term of rom my salary before such
Date	Signatur	e of the applicant	
PROPOSER NAME			
ADDRESS			
SECONDER NAME			Signature of proposer
ADDRESS			
FOR OFFICIAL USE ONLY		1	Signature of Seconder
Entrance Fee:		Date Approved :	165
Thrift Saving:			
		Signature of	
Group Term Life: Total :		Chairman : Reg. No:	in a second s
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Individual tax residency self-certification FORM - (please complete parts 1-3 in BLOCK CAPITALS)

Part 1 – Identification of Individual Account Holder

A. Name of Account Holder:		
Family Name or Surname(s): *		
Title:		
First or Given Name: *		
Middle Name(s):		
B. Current Residence Address: Line 1 (e.g. House/Apt/Suite Name, Number, Street, if any)*		
Line 2 (e.g. Town/City/Province/County/State)*		
Country:*		
Postal Code/ZIP Code (if any):*		
C. Mailing Address: (please only complete if different to	the address shown in Section B)	
Line 1 (e.g. House/Apt/Suite Name, Number, Street)		
Line 2 (e.g. Town/City/Province/County/State)		
Country:		
Postal Code/ZIP Code:		
D. Date of Birth* (dd/mm/yyyy)		
E. Place of Birth		
Town or City of Birth *		
Country of Birth*		

Part 2 – Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number* ("TIN") (See Appendix)

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country/jurisdiction indicated. Countries/Jurisdictions adopting the wider approach may require that the self-certification include a tax identifying number for each country/jurisdiction of residence (rather than for each Reportable Jurisdiction).

If the Account Holder is tax resident in more than three countries/jurisdictions, 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(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

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)

Country/Jurisdiction of tax residence	TIN	If no TIN available enter Reason <i>A, B or C</i>
1		
2		
3		

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

1	
2	
3	

Part 3 – Declarations and Signature*

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with [the Financial Institution/insert FI's name] setting out how [that Financial Institution /insert FI's name] may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I undertake to advise [the Financial Institution/insert FI's name] within [XX] days 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 [the Financial Institution that maintains the account/FI's name] with a suitably updated self-certification and Declaration within [up to XX] days of such change in circumstances.

Signature: *

Print 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 attach a certified copy of the power of attorney.

Capacity: *