

To: Membership & Welfare Services Division
 Singapore Organisation of Seamen
 52 Chin Swee Road, #09-00 Seacare Building
 Singapore 169875



SOS WELFARE BENEFIT CLAIM

I, _____, Membership No. _____,

Contact No. _____ hereby submit my application for the following benefit:

Death Benefit for Member's Dependent	Dental Extraction
Hospitalisation	Financial Hardship / Medically Boarded Out
Wedding Gift	Birth of Child
Visit	

Declaration by Applicant

- I, the undersigned, declare that I have understood and complied with the eligibility criteria stated in this application form and the particulars stated in this application form are true and correct, and that I have not willfully withheld any material fact.
- I acknowledge that I may be required to furnish other supporting documents for verification and audit purposes.

Collection, Use and Disclosure of Personal Data

- I consent to my personal data being collected, used, disclosed and retained by Singapore Organisation of Seamen (SOS) for the purposes of:
 - processing, administering and managing my application for the SOS Welfare Benefit Claim(s); and
 - carrying out verification and updates of my membership status and/or information I have provided in this application form.
- I further declare that I have obtained the consent of my family members for the collection, use, disclosure and retention of their personal data for the purposes of processing my application for the SOS Welfare Benefit Claim(s).
- I acknowledge that the collection, use, disclosure and retention of my NRIC/FIN number and that of my family members' NRIC/FIN/BC numbers, when required in this application form, is necessary to accurately establish our identities to a high degree of fidelity in relation to my application for the SOS Welfare Benefit Claim(s).
- I will inform SOS immediately of any changes to my contact details and/or personal data in order that SOS is able to contact me for all matters relating to the SOS Welfare Benefit Claim(s).
- I consent to my personal data and that of my family members' being disclosed by SOS to authorised third parties for the latter to collect, use and retain my and/or my family members' personal data for the purposes of processing, administering and managing my application; and for audit purposes.
- I consent to be contacted by SOS via email, text messages, calls and/or post for matters relating to my application for SOS Welfare Benefit Claim(s) and other membership matters, as well as to obtain my opinion/feedback on such matters.
- I understand that the decision made by SOS on the outcome of this application shall be final.

 Signature of Member

 Date

FOR OFFICE USE:

Subscription Due:		Benefit Granted:		Approved by & Date:	
Length of Union Membership:		Remarks:		Not Approved by & Date:	