



**SINGAPORE BANK EMPLOYEES' THRIFT AND LOAN  
CO-OPERATIVE LIMITED**  
116 LAVENDER STREET, #04-03 PEK CHUAN BUILDING, SINGAPORE 338730  
TEL/FAX NO: 6392 1995 (EMAIL: [sbetl@sbetl.com](mailto:sbetl@sbetl.com))  
**APPLICATION FOR ADMISSION**  
(By-Laws 4.6 & 4.7)

Membership No	
Chairman	
Date Approved	

To: The Hon Secretary,

I request that you admit me as a member of the above Co-operative. My particulars are as follows:

NAME IN BLOCK LETTERS:	
NRIC NO:	DATE OF BIRTH:
PLACE OF BIRTH:	CONTACT NO:
NAME OF EMPLOYER:	
DESIGNATION:	DATE OF APPOINTMENT:
RESIDENTIAL ADDRESS:	

I have not been adjudged a bankrupt nor served with a W.E.A.Order, I agree to abide by the Co-operative's By-Laws and agree to be bound by them and by such amendments as may from time to time be made in them.

I agree, if admitted, to pay a monthly subscription of S\$\_\_\_\_\_ in accordance with the terms of the by-laws and authorize the Co-operative to obtain this amount by deduction from my salary every month, before such salary is paid to me. I also agree to deposit S\$\_\_\_\_\_ as saving in the Specific Deposit account. I also agree to pay one time-charge for the Entrance Fee, as the Committee will fix the amount from time to time with accordance with the Co-operative By-Laws.

I hereby authorize my employer to make these monthly deductions. If at any time any sum is due and owing from me to the CO-operative in respect of any loan made to me (or to any person on my security) as member of the Co-operative, my employer may, on the request of the Committee of the Co-operative, deduct the said sum from my salary and pay the same to the Co-operative. I will sign the Establishment Pay Sheet for the full amount of my salary as if such deduction has not been made.

I understand that in the event that any information declared by me in this application form is later found to be false or incorrect in any material respect, I shall be disqualified from membership and/or shall cease to be a member of the Co-operative.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

Proposed By:	Signature :
Bank :	Membership No:
Proposed By:	Signature :
Bank :	Membership No:



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NOMINEE(S) FORM

UNDER THE PROVISION OF THE CO-OPERATIVE SOCIETIES ORDINANCE,

I, \_\_\_\_\_

(NRIC NO \_\_\_\_\_) OF \_\_\_\_\_

(HOME ADDRESS)

\_\_\_\_\_, MEMBER OF THE ABOVE CO-

OPERATIVE, WISH TO NOMINATE THE FOLLOWING PERSON/PERSONS AS

BENEFICIARIES FOR THE AMOUNT DUE TO ME ON MY DEATH.

DETAILS OF MY NOMINEES ARE AS FOLLOWS :-

NAMES	NRIC NO	RELATIONSHIP	SHARE (%)	ADDRESS

WITNESS

1. \_\_\_\_\_

2. \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEMBER

MEMBERSHIP NO. \_\_\_\_\_

BANK : \_\_\_\_\_

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



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**OBLIGATORY PAYMENTS BY MEMBERS  
(BY-LAWS 7.2.2, 7.19)**

NAME	
NRIC	
ADDRESS	
DATE	

The Manager


Dear Sir

**AUTHORITY FOR DEDUCTIONS FROM SALARY**

I hereby authorize you to deduct from my salary(s) due to me every month the sum of  
S\$\_\_\_\_\_ (Singapore Dollars \_\_\_\_\_  
\_\_\_\_\_)

of which the amount to be paid to :-

The Singapore Bank Employees' Thrift & Loan Co-operative Limited  
Robinson Road P O Box 3233, Singapore 905233

I shall be much obliged if you will continue these monthly deductions on the request of the  
Singapore Bank Employees' Thrift & Loan Co-operative Limited.

I shall authorize you further to deduct from my monthly salary any sum or sums on the request of  
the Singapore Bank Employees' Thrift & Loan Co-operative Limited and I agree to sign the pay  
sheet for the full amount of my salary as if such deduction/s has/have not been made. I also  
agree not to withdraw this authority except with the consent in writing of the Singapore Bank  
Employees' Thrift & Loan Co-operative Limited.

Your co-operation in this matter will be much appreciated.

Thank you.

Yours faithfully

\_\_\_\_\_