



NTUC U Stretch Voucher 2010 Application Form (for OB Members)

1 ELIGIBILITY CRITERIA

To be eligible for the \$30 U Stretch voucher booklet, the union member would have to meet the following criteria :

- I. Total gross monthly household income of \$1,800 and below ; or
- II. Per capita income of \$500 and below per month

COMPULSORY DOCUMENTS FOR SUBMISSION

- Applicant - photocopy of latest Payslip & photocopy of NRIC
- Spouse & ALL other family members within the same household
 1. photocopy of Latest payslips (employed) or income tax returns (if self-employed) or CPF statements of the last 3 months (if unemployed)
 2. photocopy of NRICs or birth certificates

2 PARTICULARS OF APPLICANT

a) Full Name (as in NRIC): _____											
b) Home Address: _____ _____ Postal Code : _____											
Please tick (√) at the appropriate box:											
Rental Flat <input type="checkbox"/>	HDB 3-Rm Flat <input type="checkbox"/>	HDB 4-Rm Flat <input type="checkbox"/>	HDB 5-Rm/ Exec Flat <input type="checkbox"/>	Private House/Condo <input type="checkbox"/>							
c) Tel Number: _____(Home); _____(Mobile); _____(Office)											
d) NRIC/FIN No : <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> (eg. SXXXXXXXXG)											e) Nationality : _____
f) Date of Birth (dd/mm/yyyy) : _____	g) Gender: _____	h) Marital Status: _____									
i) Name of Union: _____		j) Occupation: _____									
k) Name of Employer: _____											
l) Address of Employer: _____ _____ Postal Code: _____											

3 INCOME DECLARATION OF APPLICANT

m) Gross monthly income: \$ _____	n) Total monthly gross household income: \$ _____ (including applicant & family members)
o) No. of persons living in the same household (including applicant): _____	
p) Per capita income: \$ _____ (total gross monthly household income divided by number of family members in same household)	

4 DECLARATION

I declare that the particulars stated in this application are true and that I have not wilfully suppressed any material fact.

Signature of Applicant

Date

5 VERIFICATION OF *UNION/ASSOCIATION MEMBERSHIP

I, _____, * President/ General Secretary/ Executive Secretary
(Name)

of _____, hereby verify that the above
(Name of Union/Association)

applicant is a member of the * Union/Association.

Application is * approved/not approved

(Signature)

(Date)

Stamp of Union/Association:

Remarks:
