

681 Bukit Timah Road #01-01 Singapore 269782 www.schs.sg T: +65 8819 0321

E: secretary@schs.sg UEN: 193700037K

## APPLICATION TO JOIN AS A MEMBER PURSUANT TO ARTICLE 4 OF THE ARTICLES OF ASSOCIATION OF SINGAPORE CHINESE HIGH SCHOOL (THE "COMPANY")

T	The Board of Directors of Singapore Chinese High School 681 Bukit Timah Road, #01-01									
	Singapore 269782									
	Attention: The Secretary									
ı	Name: NRIC/Passport #:									
-	h my disclosure below, hereby apply to join as a member of the Company and confirm that:									
1.	I desire to be a member of the School Association and agree to be bound by the provisions of Memorandum and Articles of Association of the Company;	the								
2.	On or before the date hereof:									
	(a) I am at least 21 years of age;									
	(b) my application has been proposed by an existing member of the Company:									
	Mr/Ms: ————————————————————————————————————									
	which has been seconded by another existing member of the Company:									
	Mr/Ms:									
	NRIC/Passport #: (SXXXX123A)									
	(c) I have forwarded to the Company a sum of money of not less than Singapore Dollars Two Thousand (S\$2,000) by way of:									
	☐ Cheque payable to "Singapore Chinese High School"									
	☐ Direct transfer to OCBC account #: 501-460729001 (transaction ☐ PayNow to UEN 193700037K (transaction									
3.	I do not have any criminal record and am not an undischarged bankrupt;									
4.	The particulars provided below are true and correct;									
5.	By signing and submitting this application, I agree that the Company may collect, use and disclemy personal data as provided in this application or obtained by the Company for the purposes processing this application and administration of the Company's membership matters that	s of								

Completing this form using PDF Fill & Sign function is recommended

Chong International School and Hwa Chong Alumni Association.

may entail sharing with the administrations of its affiliates such as Hwa Chong Institution, Hwa



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Name (English):										
中文姓名:				Birth:						
Residential Address:										
Email Address:			Мс				Mobile #	t:		
Occupation/Profession:										
Organization:										
Please specify below all details that apply for both Secondary and Pre-University education:										
Secondary <u>and</u> Pre-		:HS	HCJC	HCI	HCIS	701310)	NYGH	Others:		
'O' / 'A' / IP Dip / IB										
Year Graduated										
Tertiary School(s)										
Tertiary Qualification(s) / Year										
Affinity to Hwa Chong Family (e.g. involvement in any volunteer work in any of HCI, HCIS, HCAA, HCJCA, HC Seniors, PSG, etc.)										
Applicant:		Proposer:				Seconder:				
Name & Signature Date:			Name & Signature Date:				Name & Signature Date:			
For Official Use:			☐ Approved ☐ Not Approved							
Chairman:			Secretary:							
Name & Signature Date:						Nar Dat	ne & Signati	ure		