



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

NOMINATION FORM

Membership No: _____

I, _____ : _____
(Full Name In BLOCK Letters as in NRIC) (NRIC No.)

Address : _____

hereby nominate the following nominee(s)

1. Name of Nominee : _____ Share _____
(In BLOCK Letters as in NRIC/Passport) (Percentage of Share)

Address of Nominee : _____

NRIC/Passport No. : _____ Age : _____ Sex : Male/Female

Relationship to applicant: _____

2. Name of Nominee : _____ Share _____
(In BLOCK Letters as in NRIC/Passport) (Percentage of Share)

Address of Nominee : _____

NRIC/Passport No. : _____ Age : _____ Sex : Male/Female

Relationship to applicant : _____

as the person/persons to whom all sums of money due to me by the Society shall be paid, according to the share set down against his/her/their name(s), in the event of my death.

As my nominee/nominees is a/are minor(s), I hereby appoint :

Mr./Mrs./Miss _____
(Name in BLOCK Letters as in NRIC/Passport)

Address : _____

NRIC/Passport No. : _____ Age : _____ Sex : Male/Female

Relationship to applicant : _____

as my nominee's/nominees' guardian to whom all sums of money due to me shall be paid in the event of my death.

Signed by me _____ on this _____ of _____
(Signature of Member) (Day) (Month) (Year)

In the presence of the two (2) witnesses :-

1* * _____ NRIC No.: _____ Signature : _____
(Name in BLOCK Letters)

2* _____ NRIC No.: _____ Signature : _____
(Name in BLOCK Letters)

*Preferably members of the Society