



OFFICIAL USE – COUNTER 1	
STATUS: OK	REJECT:
SIGNATURE	DATE

## AIDILFITRI FUND APPLICATION FORM 2015

### ***Documents to submit***

- ☐ Applicant's NRIC (front and back)
- ☐ Birth Certificate(s) of all children (in same household below 15 years old)
- ☐ NRIC of Family Member(s) (in same household above 15 years old)
- ☐ Certificate(s): Marriage, Divorce or Death
- ☐ Applicant's Hospitalisation Documents / Bills
- ☐ Visitation Card: Prison / DRC
- ☐ Pay Slip(s) of Family Member(s) (in same household)
- ☐ Bank Book of Account's Holder (**Front page & LAST 2 PAGES or Bank Statement**)
- ☐ Supporting Documents (eg. Employer / Retrenchment / SSO / MUIS / CPF – Contribution History for past 15 months)

**Please send the completed application form to:**

**TAA TRUST FUND**  
845 Geylang Road  
Tanjong Katong Complex, #04-10  
Singapore 400845

**Office Hours: Monday – Friday**  
**Time: 10am – 12pm, 2pm – 5pm**

### ***Eligibility***

1. Only one applicant per household can apply.
2. Those born before 1 January 1987 are qualified to apply.
3. Applicant must be a holder of Singapore pink or blue NRIC.
4. Household monthly income not exceeded \$1,500 and per capita income of \$500.
5. Those serving in Prison, DRC or Welfare Home are not eligible for this financial assistance.
6. **This form must be returned by 8 MAY 2015, 5.00 P.M.**

# AIDILFITRI FUND APPLICATION FORM 2015

## APPLICANT'S PARTICULARS

Name (as in NRIC) :	NRIC:	Date of Birth:
Address (as in NRIC):	Gender : • Male      • Female	Age:
Marital Status : • Single      • Divorced / Separated • Married      • Widow / Widower	Race: • Malay      • Indian • Chinese • Others: _____	Telephone: • Home: • HP: • Office:
Highest Education: • Primary      • PSLE • Secondary      • GCE 'N' / 'O' • ITE      • Other: _____	Types of Housing: Purchased / Rental • 1 Room      • 2 Rooms      • 3 Rooms • 4 Rooms      • Interim      • Others: _____	
Employment Status: • Employed      • Unemployed • Housewife      • Part-time	Impairments (*attached Document) : • No disabilities      • Physical disabilities * • Wheelchair bound*      • Mentally* / Kidney*	
Name of Employer:	Occupation (if employed) :	Gross Salary: \$

## OTHER DETAILS

1. I am receiving financial assistance/subsidies from other agencies/ organisations

- ☐ MUIS  
☐ SSO  
☐ OTHERS      Please specify: \_\_\_\_\_

2. Reason(s) for unemployment:

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# AIDILFITRI FUND APPLICATION FORM 2015

## PARTICULARS OF FAMILY MEMBERS

(Living at same address with applicant)

S/no	Name	NRIC	Male / Female	Age	Marital Status	Relationship With Applicant	Gross Salary per month
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

No. of family members staying together :

Total Household Income : \$

Maintenance Allowance (if applicable) : \$

## ACCOUNT'S DETAILS

Bank's Name: POSB / DBS / UOB / OCBC / MAYBANK

Account No: \_\_\_\_\_

## DECLARATION

I declare that all facts stated in this application and the accompanying information are true and correct to the best of my knowledge.

I understand that TAA Trust Fund reserves the right to reject any application and that the reason (s) for which the application is rejected need not be disclosed and the decision of the TAA Disbursement Committee is final.

I understand that TAA Trust Fund will need to assess my situation before they can determine if I qualify for assistance. To help TAA Trust Fund assess my application for assistance, I agree to:

- a) Provide accurate and relevant information about myself and my family;
- b) Allow the information I have provided to be shared with other agencies for assessing my/our eligibility for additional or alternative assistance, for research and for other purpose under Singapore Law. I will also allow other agencies which have my household records to share relevant information with TAA Trust Fund, if it is needed for my application.

I understand that if I purposely omit or do not provide accurate information, my application may not be approved.

\_\_\_\_\_

Date: \_\_\_\_\_ 2015

Signature of Applicant

## FOR OFFICIAL USE

***Please do not write anything. Thank you***

		ID NO	
<b>APPROVED</b>	<b>GIRO</b>		
<b>APPROVED</b>	<b>MANUAL</b>		
<b>REJECTED</b>	<b>REASON</b>		

Approved By Social Worker:

\_\_\_\_\_

**Social Worker**

Date: \_\_\_\_\_ 2015

Processed By: USER 1(Data Entry)

Processed By: USER 2 (Check & Approval)

\_\_\_\_\_

**USER 1**

\_\_\_\_\_

**USER 2**

Date: \_\_\_\_\_ 2015

Date: \_\_\_\_\_ 2015