

## PROJECT LIQUID GOLD

### To: U Family

National Trades Union Congress  
 NTUC Centre, 1 Marina Boulevard  
 Level 10, One Marina Boulevard  
 Singapore 018989

### APPLICATION FORM FOR NEW BREAST PUMP

Project Liquid Gold is a new initiative by U Family to provide new breast pumps to our low-income union members to ensure babies have the best gift in life for their optimum growth.

Union members who are mothers-to-be or who have given birth recently and babies are below 4 months of age may apply. Male union members may also apply on behalf of their wife should the eligibility criteria be met.

Successful applicants will be notified by U Family and the stocks will be given out on a first-come-first-served basis. Successful applicants will have to collect their breast pumps from U Family.

This project is supported by Lee Foundation.

ELIGIBILITY CRITERIA	SUPPORTING DOCUMENTS <sup>^</sup>
<ol style="list-style-type: none"> <li>1. Recipient may be union member or spouse of union member</li> <li>2. Member must have a <b>minimum of 6 months</b> continuous paid-up union membership at the point of application and is not in arrears.</li> <li>3. Total Monthly Gross Household Income<sup>+</sup> of <b>\$2,800</b> and below;  <u>OR</u> Per Capita Income of <b>\$725</b> and below if gross household income exceeds \$2,800.</li> <li>4. Recipient must be working.</li> <li>5. Member's child must be Singaporean.</li> </ol> <p><sup>+</sup>Gross income is defined as all income derived from employment/business. Inclusive of overtime and allowances.</p>	<ul style="list-style-type: none"> <li>• <b><u>If Member is Employed:</u></b> Photocopy of recent payslip. If pay includes irregular overtime/allowances, please provide last 3 months' payslip to derive average monthly pay.            If payslip is not available, please provide a letter from your employer stating your gross monthly income;            OR CPF statement showing the last 3 months' contribution history;            OR IR8A (for Year of Assessment 2012)</li> <li>• <b><u>If Member is Self-Employed:</u></b> CPF Statement showing the last 3 months' contribution history</li> <li>• <b><u>Child:</u></b> Photocopy of Birth Certificate if child is already born. For member still pregnant, please indicate expected delivery date.</li> </ul> <p><b><sup>^</sup>Important Note: Incomplete application will not be processed.</b></p>

**(1) PARTICULARS OF APPLICANT (IN BLOCK LETTERS) – ALL FIELDS ARE MANDATORY**

\*circle where appropriate

NRIC/FIN:										Full Name (as in NRIC/Fin):								
Date of Birth:										Nationality:								
Home Address in Singapore:										Postal Code:								
	Contact No.: Home:			Office:			Mobile:											
Email:							Expected Delivery Date / DOB of Baby:											

**EMPLOYMENT OF APPLICANT**

Name of Employer (ie. Company Name):										Occupation:								
Employer Address:											Union:							
										Postal Code:								

**SPOUSE EMPLOYMENT DETAILS (APPLICABLE IF RECIPIENT IS NOT A UNION MEMBER)**

Name of Employer (ie. Company Name):										Occupation:								
Employer Address:											Union:							
										Postal Code:								

**(2) PARTICULARS OF RECIPIENT AND FAMILY MEMBERS STAYING IN THE SAME HOUSEHOLD IN SINGAPORE.** Family members refer to applicant's spouse, parents and/or children only.

Name	Age	Relationship	NRIC No.	Occupation	Gross Monthly Income (Enter '0' if no income)
Applicant		Self	As above	As above	\$
					\$
					\$
					\$
					\$
					\$

					\$
					\$
					\$
					\$

**Total**    \$

**(3) HOUSEHOLD INCOME DECLARATION BY APPLICANT**

Applicant's Total Monthly Gross Household Income before CPF (includes overtime & allowances):	\$
---	----

**(4) DECLARATION BY APPLICANT (FORM THAT IS NOT SIGNED WILL NOT BE PROCESSED)**

I, the applicant, declare that I have understood and complied with the eligibility criteria stated in this application form and the particulars stated in this application are true and correct, and that I have not willfully suppressed any material fact.

I have noted that I may be required to furnish other supporting documents for verification and audit purposes.

In receiving the breast pump given by U Family:

- I declare that I am the sole owner of the donated breast pump and will use it for my benefit and will not sell the item after receiving it.
- I acknowledge that the breast pumps were donated for a good cause and I may keep the breast pump for as long as I need it. However, should I no longer require to use the breast pump, I may return it to U Family to be loaned to other mothers who will benefit from this initiative.
- I agree to be contacted by U Family to share my experiences from this initiative.
- I do not have a breast pump.

Name of Applicant	NRIC of Applicant	<u>  X  </u> Signature of Applicant	Date
-------------------	-------------------	--	------

**FOR OFFICIAL USE**

Application received on:		Received application with supporting documents: <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------	--	---

Approved:                       Rejected:

Remarks: