

# APPLICATION FORM FOR SIASU EDUCATIONAL AWARDS 2025

## PSLE AWARD

### Instructions:

1. This application is opened to children of members who have successfully completed their PSLE in the year **2024**. Other conditions apply. Please read circular inviting applications.
2. Attach a photocopy of **applicant's birth certificate** and **2024 PSLE Result Slip**.
3. Submit the completed form, duly signed, to SIASU office at Core 5A, Airline House not later than **30<sup>th</sup> June 2025**.
4. Please complete this form in **BLOCK LETTERS**.

### **PARTICULARS OF SIASU MEMBER**

Name: \* Mr / Mdm \_\_\_\_\_

Staff No: \_\_\_\_\_ NRIC No: \_\_\_\_\_ Date joined Union: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ H/P \_\_\_\_\_

Company: \* SIA / SIAEC / SIA CARGO / ESA

Department: \_\_\_\_\_ Office Tel: \_\_\_\_\_

Number of family members in same household : \_\_\_\_\_

Gross household income (GHI) : \_\_\_\_\_ Per capita income (PCI) : \_\_\_\_\_

### **PARTICULARS OF APPLICANT**

Name of Applicant: \* Mr / Miss \_\_\_\_\_  
(as in Birth Certificate)

I declare that the above information is true and correct.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

#### **FOR OFFICIAL USE ONLY**

PSLE RESULT: PASSED / FAILED \*

UNION MEMBERSHIP 1 YR QUALIFYING PERIOD: QUALIFIED / NOT QUALIFIED\*

COMMITTEE'S DECISION: APPROVED / NOT APPROVED \*

SIGNATURE / DATE: \_\_\_\_\_

*\* Delete if not applicable*

**COLLECTIONAL, USE AND DISCLOSURE OF PERSONAL DATA**

I, the Member, declare that the particular stated in this application are true and correct, and that I have not wilfully withheld any material fact.

I have noted that I am required to furnish the supporting documents stated in this application for verification and audit purposes.

I consent to the collection, use, disclosure and retention of my personal data by SIASU for the purpose of:

- Processing, administering and managing my application for the Education Awards; and
- Carrying out verification of my membership status and/or information that I have provided in this application form.

I further declare that I have obtained the consent of my family members for the collection, use, disclosure and retention of their personal data, as provided in this application form, for the purposes of processing my Education Awards application.

I acknowledge that the collection, use, disclosure and retention of my NRIC/FIN number and/or my family member' NRIC/FIN/BC numbers, as required in this application form, is necessary to accurately establish our identities to a high degree of fidelity in relation to my application.

I will inform SIASU immediately of any changes to my contact details and/or personal data in order that SIASU is able to contact me for all matters relating to the Education Awards.

I consent to the disclosure of my personal data and my family members' personal data by SIASU to:  
(a) NTUC for the purposes of processing, administering and managing my Education Awards application and authorised third parties for audit purposes.

I consent to be contacted by SIASU and/or authorised third parties via email, text messages, calls and/or post for matters relating to the Education Awards application.

I Understand that the decision made by SIASU on the outcome of this applications shall be final.

\_\_\_\_\_  
Full Name of Applicant (Union Member)

\_\_\_\_\_  
NRIC / FIN No

\_\_\_\_\_  
Signature / Date