

CHANGE OF NOMINEE APPLICATION FORM (CORPORATE MEMBERSHIP)

Please read the section on Membership Information carefully before completing the form.

1. CORPORATE MEMBERSHIP APPLICANT'S PARTICULARS	S				
Company Name:	Unique Entity Nu	Unique Entity Number (UEN):			
Company Address:	Original Demonstration				
Postal Code:	Contact Person I				
Company Email:	Contact Person	Contact Person Email:			
Company Tel. No:					
Type of Business:					
2. CHANGE OF NOMINEE					
	uthorised the change of nomir		3		
(Name of Contact Person) (Name of existing Nominee) Membership No., to the nominee indicated in Section 3 of the application form at an admin fee of \$200*.					
 I have enclosed the existing nominee's / spouse's / child/e I will send the existing nominee's / spouse's / children's m 		·			
		Membership ID:			
[Mr] [Mrs] [Ms] [Mdm] [Dr] [Prof] [Assoc. Prof]] [Others:] Membership ID:	(for official use only)		
[Mr] [Mrs] [Ms] [Mdm] [Dr] [Prof] [Assoc. Prof] Full name as in NRIC/Passport: (Underline Surname)] [Others:] Membership ID:	(for official use only)		
[Mr] [Mrs] [Ms] [Mdm] [Dr] [Prof] [Assoc. Prof] Full name as in NRIC/Passport: (Underline Surname) Preferred Name on Card:] Membership ID:	(for official use only)		
[Mr] [Mrs] [Ms] [Mdm] [Dr] [Prof] [Assoc. Prof] Full name as in NRIC/Passport: (Underline Surname) Preferred Name on Card: NRIC/Passport No:	Nationality:] Membership ID:	(for official use only)		
[Mr] [Mrs] [Ms] [Mdm] [Dr] [Prof] [Assoc. Prof] Full name as in NRIC/Passport: (Underline Surname) Preferred Name on Card: NRIC/Passport No:	Nationality:] Membership ID:	(for official use only) Nominee 1 Cardholder's		
[Mr] [Mrs] [Mdm] [Dr] [Prof] [Assoc. Prof] Full name as in NRIC/Passport: (Underline Surname)	Nationality:	Membership ID:	Nominee 1		
[Mr] [Mrs] [Ms] [Mdm] [Dr] [Prof] [Assoc. Prof] Full name as in NRIC/Passport: (Underline Surname) Preferred Name on Card: NRIC/Passport No: Date of Birth: / Position / Job Title:	Nationality:] Membership ID:	Nominee 1 Cardholder's		
[Mr] [Mrs] [Ms] [Mdm] [Dr] [Prof] [Assoc. Prof] Full name as in NRIC/Passport: (Underline Surname) Preferred Name on Card: NRIC/Passport No: Date of Birth: / / / Gender: [Male / F Position / Job Title: Marital Status: [Single] [Married] [Others]	Nationality: emale] Race:		Nominee 1 Cardholder's		
[Mr] [Mrs] [Ms] [Mdm] [Dr] [Prof] [Assoc. Prof] Full name as in NRIC/Passport: (Underline Surname) Preferred Name on Card: NRIC/Passport No: Date of Birth: / / / Gender: [Male / F Position / Job Title: Marital Status: [Single] [Married] [Others]	Nationality: emale] Race:		Nominee 1 Cardholder's		
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[Mr] [Mrs] [Ms] [Mdm] [Dr] [Prof] [Assoc. Prof] Full name as in NRIC/Passport: (Underline Surname) Preferred Name on Card: NRIC/Passport No: Date of Birth: / / / Gender: [Male / F Position / Job Title: Marital Status: [Single] [Married] [Others] Interview 1. 2. 3.	emale] Nationality: emale] Race: Degree	Year of Graduation	Nominee 1 Cardholder's		
[Mr] [Mrs] [Ms] [Mdm] [Dr] [Prof] [Assoc. Prof] Full name as in NRIC/Passport: (Underline Surname) Preferred Name on Card: NRIC/Passport No: Date of Birth: / / / Gender: [Male / F Position / Job Title: Marital Status: [Single] [Married] [Others] Interview 1. 2. 3.	emale] Nationality: emale] Race: Degree	Year of Graduation	Nominee 1 Cardholder's		
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[Mr] [Mrs] [Mdm] [Dr] [Prof] [Assoc. Prof] Full name as in NRIC/Passport: (Underline Surname)	emale] Nationality: emale] Race: Degree	Year of Graduation	Nominee 1 Cardholder's		

SPOUSE'S PARTICULARS						
Would you like to apply for Sp						
[Mr] [Mrs] [Ms] [Mdm] [Dr] [Prof] [Assoc. P	rof] [Others: _		_1		
Full name as in NRIC/Passpo						
Preferred Name on Card:		Affix Spouse's Photo Here				
NRIC/Passport No:						
Date of Birth: / Gender: [Male / Female] F						
Highest Education Attained:						
Contact No:	(H)		(M)			
Email Address:				·		
Company Name (if any):						
	osition/Job Title: Type of Business:					
CHILD(REN) PARTICULARS	 S					
Would you like to apply for ju		[] No				
Category A1 (12 - 15 years of Category A2 (16 - 25 years of	,			ſ		
CHILD 1						
Child's Name:			Child Gei	nder: [Male / Female]		
					Affix Child's Photo Here	
				No: (M)	FILLIO HEIE	
CHILD 2						
Child's Name:			Child Gender: [Male / Female]			
Preferred Name on Card:			Date of Birth: / /		Affix Child's Photo Here	
NRIC/Passport No. (Last 4 characters):			Contact No:(M)			
Email:			Race:			
Nationality:						
Cultural:						
[] Choir	[] DanceSport	[] Drai	naWorks	[] Music		
Sports & Recreation:						
[] Badminton	[] Balut	[] Billia	ards	[] Bowling	[] Bridge	
[] Cycling	[] Darts	[] Golf		[] Pickleball	[] Soccer	
[] Social Mahjong	[] Squash	[] Tabl	e Tennis	[] Tennis		
Interest:	[] Chara	[] 0	ha Divin-		Club	
[] Business Connect	[] Chess	[] Scu	ba Diving	[] NUSS Toastmasters	CIUD	

MEMBERSHIP INFORMATION

1. Eligibility

- a. Nominee(s) must be under the employment of the same Corporation and are graduates of recognised local and foreign universities.
- b. Spouse(s) of nominee(s) may apply for Spouse Membership. (Note: A Spouse Member is not entitled to any of the rights and privileges of members except those approved by the Management Committee.)
- c. Admission to NUSS is at the sole discretion of the Management Committee.
- d. Each Corporation is allowed to have a maximum of three (3) nominees at an entrance fee of \$12,000*.

2. Monthly Subscription Fee

The current subscription fee is \$100* per month per nominee and additional \$10* per month for each nominee's spouse member. The monthly subscription fee billing commences once the application is approved by the Management Committee.

3. Transfer Fees

- a. Change of nominee An admin fee of \$200* applies for each change of nominee.
- b. <u>Transfer to another Corporation</u> A transfer fee of \$6,000* applies for a Corporate Membership transfer. All nominee account(s) will cease after the transfer.

4. Credit Deposit

A credit deposit of \$100 applies for each nominee that is refundable to the Corporation upon the resignation of membership for the nominee account.

5. Documents to accompany Application Form

To expedite processing, please complete the Change of Nominee Membership Application Form overleaf in full with the following documents:

New nominee

- a. A copy of university degree;
- b. A copy of letter of employment;
- c. One (1) recent passport-sized colour photograph (soft copy acceptable).
- d. Our team will contact you to arrange for the sighting of your NRIC/passport;
- e. If applying for Spouse Membership, one (1) recent passport-sized colour photograph (soft copy acceptable). For verification purpose, we will also arrange for the sighting of your spouse's NRIC/Passport & Marriage Certificate for proof of relationship between

the main member and spouse applicant.

Payment

Full payment (NETS/Cash/Credit Card/Cheque payable to "NUSS" in full) per change of each nominee:

a. \$200* [admin fee] + \$100 [credit deposit]

6. Notes

- a. The GST on the entrance fee is payable in full upon application and is non-refundable.
- b. Please allow 21 working days for processing.
- c. NUSS reserves the rights to withdraw or amend any promotions without prior notice.

Incomplete documents will not be processed. *subject to prevailing GST Terms and conditions is correct at the time of print. (September 2023)

DECLARATION BY CORPORATE MEMBER & NOMINEE

- I, the corporate member / nominee, hereby understand the above listed and declare that the particulars in this application form are correct.
- I, the corporate member, understand that I am responsible for the conduct and behaviour of my nominee(s) and be liable for the payment of all
 entrance fees, subscription fees, transfer fees if applicable, and any other monies due on the accounts of its nominee(s) and in respect of its
 membership. Any amount owing arising from resignation or membership transfer will be made payable via cheque to the Corporation.
- I, the orporate member / nominee, agree to comply with and be bound by the Constitution, Rules and Regulations of the Society, as may from time to time be in force.
- I, the orporate member / nominee, agree to receive emails on all publicity from the Society and may choose to unsubscribe upon receipt of such emails.

Applicant's Name / Signature / Date: Designation:

Company's Stamp:

Nominee 1's Name / Signature / Date: Designation:

Spouse's Name / Signature / Date: (If applying for Spouse Membership)