



Membership Application for Bursary Students

PERSONAL PARTICULARS *please circle accordingly

Name (as in NRIC) _____

Identity Card No. _____

Date of Birth _____(dd/mm/yy)

Religion _____ Gender: *M / F

Nationality _____ Race _____

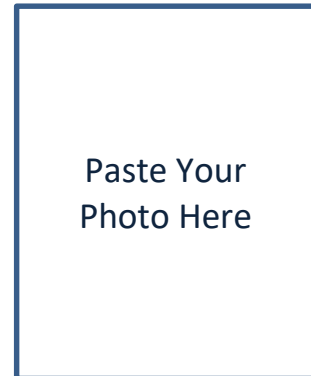
Address _____

_____ Postal Code (_____)

Contact _____ (H) _____ (HP)

Email _____

School _____ Education Level _____



FAMILY INFORMATION

Name of Father (if Guardian, specify relationship) _____

NRIC No. _____ Contact (if different from applicant) _____

Name of Mother (if Guardian, specify relationship) _____

NRIC No. _____ Contact (if different from applicant) _____

AGREEMENT

I affirm that all information written is true and correct. I give my consent for my *son / daughter / ward to join FaithActs as a member and agree to the terms and conditions detailed in the next page.

Applicant's Signature

Father/Mother/Guardian's Signature

Date



Block 50 Commonwealth Drive #01-506 Singapore 142050
tel: 6339 7611 fax: 6339 5220 email: info@faithacts.org.sg website: www.faithacts.org.sg
UEN: T04SS0050J Charity/IPC Regn No.: 01824/000582

TERMS AND CONDITION

1. Membership is opened to children/youth (age between 7 and 18) for bursary application.
Applicant above 18 need not apply.
2. All members will require to observe the rules and regulations of FaithActs.
3. Registration of membership is free for bursary application.
4. FaithActs reserves the right to suspend or terminate the membership at our discretion.
5. FaithActs reserves the right to amend these Terms and Conditions at our discretion.
6. If there is any enquiry, please contact FaithActs' office at 6339 7611 or email to info@faithacts.org.sg.

If you are already a member or have completed the form, you **DO NOT NEED TO FILL UP THE FORM AGAIN.**