

SMCS DIVIDEND CLAIM FORM (CLOSING DATE 24th SEPTEMBER 2024)

NAME AS IN NRIC/BANK _____ RN: _____

COMPANY: _____ HP: _____ DATE: _____

I wish to claim my dividend for financial year 2023 from the Society.

Please credit to my Bank Account as below :-

Name of Bank : _____

Account No: _____

Member's Signature : _____

NRIC NO:

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- NB: a) All dividend declared shall be made available to all members and dividend not claimed shall be transferred to Sundry Account. Such amounts standing to the credit of members in the Sundry Account shall not accrue interests. (Amended by-laws 13.4(b) 12.07.2022).
- b) Dividend shall be paid to all members within 3 months from the date of declaration (Amended by-laws 13.5(a) 12.07.2022).
- c) Personal Data collected will be strictly use for Dividend Claim Only.

FOR OFFICIAL USE ONLY
..... PLEASE DO NOT WRITE BELOW THIS DOTTED LINE.....

DIVIDEND VOUCHER NO:.....

DATE OF PAYMENT:.....

<u>SUBSCRIPTION</u> <u>@31.12.23</u> S\$	<u>2023 DIV</u> <u>RATE</u>	<u>GROSS</u> <u>DIV</u> S\$	<u>CGF+</u> <u>CGPF</u> S\$	<u>NET DIV</u> <u>PAYABLE</u> S\$
	X =		- 6.00 =	

PREPARED BY:.....

CHECKED BY :.....

APPROVED BY:.....

SIGNED BY:

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