

**SINGAPORE MERCANTILE CO-OPERATIVE SOCIETY LTD
COMMON GOOD FUND BENEFIT CLAIM**

REGISTRATION
NO:

NAME OF MEMBER AS IN NRIC:

NRIC NO:

COMPANY:

NAME OF BANK:

BANK ACCOUNT NO:

HOME ADDRESS:

BENEFIT APPLIED FOR:

HP NO:

NAME OF NOMINEE IN EVENT OF MEMBER'S DEATH

RELATIONSHIP OF NOMINEE:

FOR DEATH BENEFIT CLAIM:

DATE OF DEATH:

DEATH CERT NO:

FOR MEDICAL BENEFIT CLAIM:

DURATION OF HOSPITALISATION:

DATE ADMITTED:

DATE DISCHARGED:

DATE OF SUBMISSION:

SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

CGF/REF:

DATE OF ADMISSION :

YEARS OF MEMBERSHIP:

APPROVED AMOUNT:

CHECKING VERIFICATION BY:

CHEQUE NO:

VOUCHER NO:

DATE OF PAYMENT:

MANAGER'S RECOMMENDATION

RESULTS: APPROVED/DISAPPROVED

DATE OF APPROVAL:

DATE OF LAST GRANT DURING THE YEAR:

TYPE OF GRANT:

AMOUNT GRANTED:

ANY OTHER REMARKS:

NOTE TO APPLICANTS:

1. All evidence and particulars of supporting document should correspond in all respect otherwise a Statutory Declaration is required.
2. Information incorrectly submitted would result in non-qualification of claim.