# SINGAPORE SINDHI ASSOCIATION

**795 Mountbatten Road, Singapore 437795**

Maharaj Deepak Haresh Tel : 86080197 Sindhu House/Secretariat Tel No: 63455664/3455248
SSA Office: Monday-Friday: 9.00am-6.00pm Whatsapp No: +6596447826
Email: *sindhisg@gmail.com* Website: www.singaporesindhi.com.sg
www.facebook.com/SingaporeSindhiAssociation

## Application For Membership – Ordinary

(Ordinary Membership includes your spouse and children below 21)

Photo

**Name:** _____

**ID No**:_____

**Title: Mr / Mrs / Miss / Dr**. (delete as applicable) **Date of Birth:** _____

**Marital Status: Married / Single / Widowed / Divorced** (delete as applicable)

**Nationality: Singapore Citizen / Indian / British / Others** _____
(Please delete or state accordingly)

**If married, name of spouse**: _____

**Name/s,address/es and age/s of children if any:** (if space is insufficient please use a separate sheet of paper)

_____

**Contact information:**

**Address in full**: _____

**Postal Code**:_____

**Tel: (Home)** _____ **Tel (Office)** _____**Tel (Mobile)**_____

**Email address**: _____

**All circulars and flyers etc by email only.** **Yes / No** (please delete accordingly)

**Employer:** _____

**Profession / Position Held**: _____

**Proposer's Name and Signature**: _____

**Seconder's Name and Signature**: _____

I declare that I am a Sindhi of Hindu religion and faith. I declare that the above is true and correct. I hereby agree to abide by the rules and regulations of the Singapore Sindhi Association. I also undertake to pay the Membership fees within one (1) month from the due date as is required by the Association.

_____ _____

**Signature of Applicant** **Date**

Enclosed is **cheque number / cash** _____ for **$**_____**receipt no:** _____

**Joining Fee: $100.00 (Waived)** **Subscription: $150.00 (For the whole year 2025**)

Payment can be made by **Cash or Cheque** at the SSA Secretariat
Cheque is to be made payable to "**SINGAPORE SINDHI ASSOCIATION"**
Payment can also made via internet bank transfer to our
**OCBC Bank Account No: 517 058475 001**
**OR**
**Pay Now**
**UEN : S65SS0007H**

**For Official use Only**:

Date Application Received: _____ Date Application Approved: _____ Membership Number: _____

1. SSA collects, uses and discloses your Personal Data for:
(a) providing information to you on the activities, programmes and services of SSA;

(b) conducting of market research, surveys and data analysis relating to any activities, programmes and services of SSA provided to you ("Research Purpose"); and

(c) offering, marketing and promoting to you any products, services, offers or events provided by SSA and SSA's partners which we think may be of interest or benefit to you ("Marketing Purpose").

2. Your Personal Data held by us shall be kept confidential. However, in order to carry out the purposes listed, we may share your Personal Data with our related partners and third parties whether in Singapore or elsewhere. When doing so, we will require them to ensure that your Personal Data disclosed to them are kept confidential and secure.

3. By providing Personal Data relating to a third party (e.g. information of your dependent, spouse, children and /or parents) to us, you represent and warrant that the consent of that third party has been obtained for the collection, use and disclosure of the Personal Data for the purposes listed above.

4. You may withdraw your consent given for any or all purposes set out in this Notice in writing. If you withdraw your consent to any or all purposes and depending on the nature of your request, SSA may not be in a position to continue to providing all the services to you. SSA therefore urges you to permit consent of your Personal Data so that you may ensure the full services and activities of SSA.

5. You unconditionally consent for SSA to use your Singapore telephone number(s) for the receiving of marketing or promotional information.

6. Your Personal Data is retained to the extent one or more of the purposes for which it was collected remains valid and for other legal or business purposes for which retention may be necessary.

7. As SSA relies on your Personal Data to provide information on the activities and services to you, please ensure that at all times the information provided by you to us is correct, accurate and complete. Please update us in a timely manner of all changes to the information provided to us.

I, _____ ( NAME & ID No ) have read the above conditions relating to or in connection with the Personal Data Protection Act and my Personal Data kept with SSA and hereby consent and agree to the conditions set out above.