APPLICATI (For Individ	ON FORM	ship)				
PART A : PARTICULARS						
Name (Dr/ Mr/ Mrs/ Ms/ Mdm):						
Address:	Date of Birth: dd/mm/yyyy			Mobile number:		
Email Address:	Please indicate your involvement/role in para sport Name of sport:					
Educational Qualifications:	Athlete		Technical O	fficial		
	Coach		Others: please speci	ify		
PART B: EMPLOYMENT DETAILS Company/Organisation:						
Designation:						
PART B: MEMBERSHIP APPLIED FOR:						
Individual Membership (\$\$12 per annum)]				
Reason(s) for Application:						
PART C: DECLARATION BY APPLICANT						
I hereby declare that the above particulars are correct and that I agree Disability Sports Council.	e to abide by t	he rules and regulation	ns of the Singa	apore		
By the submission of this form, I agree that the Singapore Disability S personal data, as provided in this application form, for the purposes i application of SDSC Membership.						
Signature		Date		-		
The Data Protection relates to the information (Data) supplied by you to Singapore Disability Spo Data that is collected from you is used and/or disclosed for the following purposes, which include Processing of the application of membership, carving our Marketing and communicating with yo	e but are not limited	voluntarily as provided in this a to:		e Personal		
SDSC will make every effort to ensure that its employees who are involved in the collection, use Policy in accordance to the Personal Data Protection Act 2012. Please be assured that SDSC has SDSC will retain your Personal Data for as long as it is necessary to fulfil the business purposes for corrections to your personal data held by us, by writing to: sdsc@sdsc.org.g. You can also write amend this policy from time to time to ensure that this policy is consistent with any developmen regulations applicable to SDSC. We will publish the updated policy on our website.	and disclosure of Per put in place preventa r which it is collected to this email for any	sonal Data will observe and ad tive measures to safeguard the d, or as required by the relevant questions or feedback relating	here to the terms of e personal data stor it law. You may requ g our Privacy Policy.	ed with us. Iest to make We may		
PART D: MODE OF PAYMENT						
PAYNOW Step 1: Login to your bank app Step 2: Under 'Transfer', scan the QR code or key in Step 3: Enter the transaction amount Step 4: Indicate your name in the reference/notes box Step 5: Verify details, and submit BANK TRANSFER Account name : Singapore Disability Sports Council Bank Name : DBS Ltd, Singapore (Swift Code: DBSSS GSG) Bank A/C : 033-021741-2 (Branch Code: 033) Bank Name : DBS Ltd, Singapore (Bank Code: 7171)	n UEN: S73SSOC	035B in your bank's ap	p PayNow pag	je		
PART E: FOR OFFICIAL USE						
Amount received: <u>\$</u> PayNow/ Bank Transfer	Date:				-	
Receipt Number:						
Remarks:						