

**APPLICATION FORM**

**(**

**For Individual Membership**

**)**

**PART A : PARTICULARS**

Name (Dr/ Mr/ Mrs/ Ms/ Mdm):

Address:

Date of Birth:

Mobile number:

dd/mm/yyyy

Email Address:

Please indicate your involvement/role in para sport

Name of sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Qualifications:

Athlete

Technical Official

Coach

Others:

please specify

**PART B: EMPLOYMENT DETAILS**

Company/Organisation:

Designation:

**PART B: MEMBERSHIP APPLIED FOR:**

Individual Membership (S$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 to abide by the rules and regulations of the Singapore

Disability Sports Council.

By the submission of this form, I agree that the Singapore Disability Sports Council ("SDSC") may collect, use and disclose my

personal data, as provided in this application form, for the purposes in accordance with the Personal Data Protection Act 2012, the

application of SDSC Membership.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date

The Data Protection relates to the information (Data) supplied by you to Singapore Disability Sports Council (“SDSC”) voluntarily as provided in this application form. The Personal

Data that is collected from you is used and/or disclosed for the following purposes, which include but are not limited to:

Processing of the application of membership, carrying out Marketing and communicating with you in relation to activities and services offered by SDSC;

SDSC will make every effort to ensure that its employees who are involved in the collection, use and disclosure of Personal Data will observe and adhere to the terms of this Privacy

Policy in accordance to the Personal Data Protection Act 2012. Please be assured that SDSC has put in place preventative measures to safeguard the personal data stored with us.

SDSC will retain your Personal Data for as long as it is necessary to fulfil the business purposes for which it is collected, or as required by the relevant law. You may request to make

corrections to your personal data held by us, by writing to: sdsc@sdsc.org.sg. You can also write to this email for any questions or feedback relating our Privacy Policy. We may

amend this policy from time to time to ensure that this policy is consistent with any developments to the way SDSC uses your personal data or any changes to the laws and

regulations applicable to SDSC. We will publish the updated policy on our website.

**PART D: MODE OF PAYMENT**

**PAYNOW**

Step 1:

Login to your bank app

Step 2:

Under 'Transfer', scan the

**QR code**

or key in UEN: S73SS0035B in your bank's app PayNow page

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)

**PART E: FOR OFFICIAL USE**

Amount received:

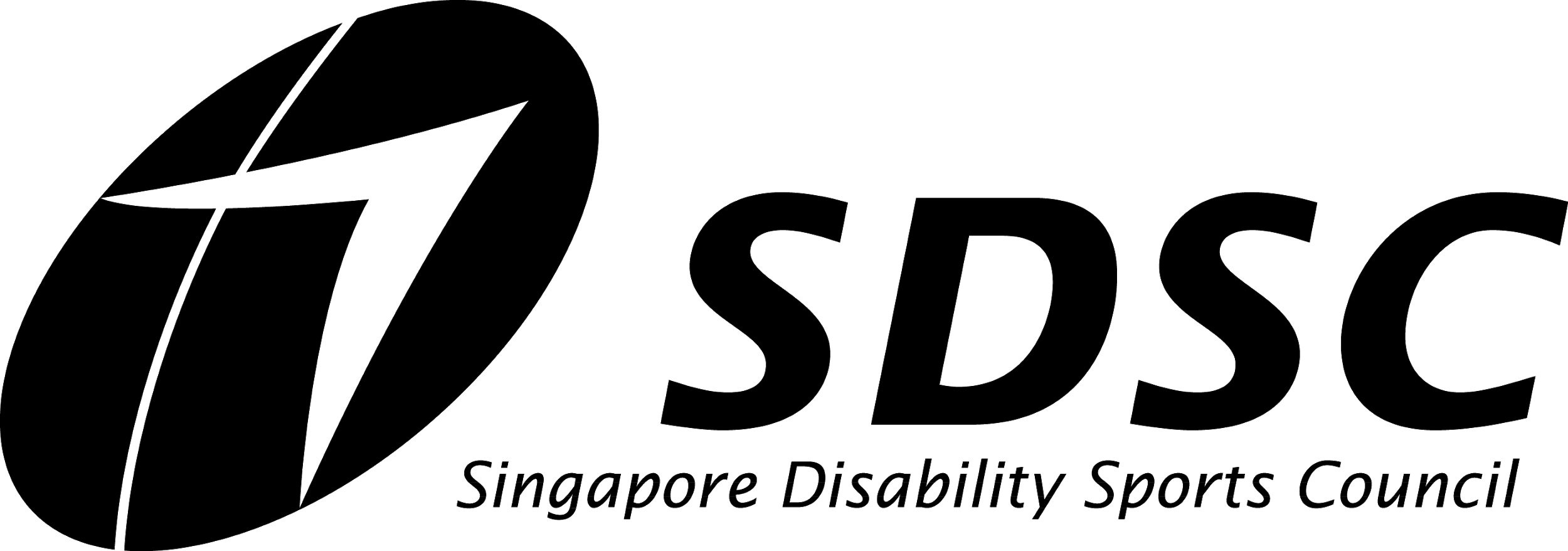
$

Date:

PayNow/ Bank Transfer

Receipt Number:

**Remarks:**



**Parent/Guardian Consent Form**

**for Participants Under the Age of 18**

**Singapore Disability Sports Council**

3 Stadium Drive Singapore 397630

**CONSENT FORM FOR PARTICIPATION OF MINORS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name in NRIC), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NRIC Number) who is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relationship), of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of applicant), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NRIC Number of applicant) hereby give my consent for my child/ward to be an individual member of Singapore Disability Sports Council (SDSC).

**ACKNOWLEDGEMENTS**

I also undertake that neither I nor my \*son/daughter/ward shall hold SDSC, its staff, officers, any other relevant personnel or any of its authorised agents responsible for any damage, loss or injury sustained by my \*son/daughter/ward during the period of membership unless such damage, loss or injury is caused by the negligence of SDSC, its staff, officers, or any other relevant personnel.

**PARENT/GUARDIAN INFORMATION**

Contact Number:

Address (if it differs from applicant):

**Date**

**Signature of Parent/Guardian**

Please return this signed consent form to Singapore Disability Sports Council. If you have any questions or concerns, please contact us at [(65) 6342 3501](tel:6563423501) or [sdsc@sdsc.org.sg](mailto:sdsc@sdsc.org.sg).

Thank you for your cooperation.

Sincerely,

Singapore Disability Sports Council