SEMBAWANG COUNTRY CLUB
APPLICATION FORM

Type of Membership: **SAF CONTINUING**

ONE PHOTO

Digital Photo is accepted

Surname _____ Name _____

Home Address _____

Date of Birth _____ Nationality _____ Gender _____

Home No. _____ Mobile No. _____ Office No. _____ Fax no. _____

E-mail _____

Vehicle Number: _____ IU Number: _____

Current USGA, R & A or SGA recognized handicap (if any) _____ Home Club _____

Particulars of Family

Spouse Details

Name: _____ Sex: _____ Date of Birth: _____ Golfing: Yes / No

Email: _____ Contact Number: _____

Children below 21 years old

Name	Relationship	Sex	Date of Birth	Golfing (Yes / No)

By signing this membership application form, you agree that Sembawang Country Club may collect, use and disclose your personal data, as provided in this application form, or (if applicable) obtained by our organisation as a result of your membership, for the following purposes in accordance with the Personal Data Protection Act 2012 and our data protection policy (available at our website https://sembawanggolf.org.sg/web/3d-flip-book/pdpa/):

(a) the processing of this membership application; and
(b) the administration of the membership with our organisation.

Please visit our website at www.sembawanggolf.org.sg for further details on our data protection policy, including how you may access and correct your personal data or withdraw consent to the collection, use or disclosure of your personal data.

Applicant Name : _____ Signature: _____

Date: _____

PLEASE COMPLETE ATTACHED FORMS IN FULL & SUBMIT TO THE MEMBERSHIP DEPARTMENT. FORMS NOT COMPLETED PROPERLY WOULD RESULT IN DELAY OF GETTING APPROVAL BY MANAGEMENT COMMITTEE.

MEMBERSHIP FEES (IN SINGAPORE DOLLARS) - *Subject to prevailing GST rate*

Entrance Fee	Monthly (Subscription)
$1,000	$99.50

*Exclusive for SAF / DXO Ladies only

Yearly Charge (subject to annual revision)

SGA Subscription	$10.00/year
Golfers' Insurance	$19.50/year

Membership Category		
A	Entrance Fee (First Payment)	$1,000.00
B	Upfront 8% GST for full entrance fee	$80.00
C	Monthly Subscription	$99.50
D	Golfers' Insurance	$19.50
E	SGA Subscription	$10.00
F	Building Fund Levy (One Time Payment)	$300.00
G	Administration Fee (One Time Payment)	$5.00
H	Golf Bag Tag (per tag)	$6.00
I	Deposit (Refundable upon termination of membership)	$300.00
J	8% GST (Item C to H)	$35.20
K	Grand Total	**$1,855.20**

TERMS & CONDITIONS

1 An SAF Member (Continuing) shall, upon retirement, be eligible to continue as an SAF Member (Continuing) if on the last day of his regular service he has rendered not less than six (6) years' continuous regular service and has been a member of the Club for a continuous period of not less than three (3) of the six (6) years. **THE ONUS OF NOTIFYING THE CLUB THAT A MEMBER HAS RESIGNED/RETIRED FROM THE SAF IS ON THE MEMBER.**

2 The Deposit of $300/- is payable upon application and will be refunded to all unsuccessful applicants. In the case of successful applicants who do not take up the offer of membership, the deposit shall be forfeited.

3 Member cannot play golf at the golf course without a valid PC / Handicap.

4 All prices stated above are subject to change without notice.

5 A monthly subscription of $10 will be levied for each golfing family member.

6 This SAF Continuing membership is open to all SAF regulars / DXO Ladies only.

For Official Use Only

Application Received & Checked By: ..... Date .....

Application Deposit Received By: ..... Date .....

Membership No .....

To : The Management
Sembawang Country Club

LETTER OF UNDERTAKINGS

I _____, NRIC No ☐☐☐-☐ (last 4 characters), do hereby understand, confirm and bind myself to comply with the under-mentioned undertakings. I confirm that this is the first time that I am applying for a membership with the Club. I have never been a member of the Club prior to this application.

PART I - ENTRANCE FEE

Under the current SAF Women membership promotion, I shall undertake to pay the full sum of $1,000 entrance fee. In the event that my membership is terminated due to resignation or expulsion from the Club, I shall settle in full all other outstanding monies owed to the Club immediately.

PART II – TYPE OF MEMBERSHIP / CATEGORY SELECTED

I have selected and applied to be a **CONTINUING** member. The type/category of membership selected and applied by me upon joining the Club, is a one-time option (unless it is Continuing Unrestricted to Restricted and vice-versa) and I understand that I cannot change or convert the membership selected by me to any other higher category in the future.

_____ _____

Signature Date

SEMBAWANG COUNTRY CLUB
No. 249 Sembawang Road
Singapore 758352
Tel: 6751 0346/335 Fax: 6751 0303

APPLICATION OF RECURRING PAYMENT SCHEME (RPS) - VISA/MASTER CARD ONLY (FOR PAYMENT OF MEMBERSHIP MONTHLY BILL)

MEMBER'S PARTICULARS

Name (As per in NRIC): _____

Membership No: _____

CREDIT CARD INFORMATION

Cardholder Name: _____ Issuing Bank: _____

Relationship: _____ (Fill in by the person who pays on behalf with the SCC membership.)

Mobile: | | | | | | | | | Home / Office: | | | | | | | | |

Credit Card No.: | | | | | - | | | | | - | | | | | - | | | | |

Card Expiry Date: | | | / | | | (MM/YY)

Type of card: VISA / MASTERCARD *

* Delete where appropriate

I hereby authorise and give my consent to Sembawang Country Club to charge the bills, fees, charges, subscription fee and membership levy to my Credit Card.

_____ _____

Cardholder Authorised Signature Date

MESSAGE FOR YOUR ATTENTION

1) *The cardholder must be the principal member of Sembawang Country Club, otherwise please indicate relationship at the columns.*
2) *The credit card must have at least 6 months validity.*
3) *The processing time of the application is about 4 to 6 weeks from the date of receiving the application form by Finance Department and is subjected to the Bank's approval.*
4) *The first deduction against the designated credit card may not fall on the due date of 28th of the month.*
5) *There will be an administrative charge of $15.00 for unsuccessful deduction.*
6) *The Club reverses the right to amend these Terms and Conditions without notice and decline any application in its sole discretion without giving any reasons.*
7) *Please inform Finance Dept immediately via Email upon changed of credit card expiry date.*
   accounts@sembawanggolf.org .sg

Note: Please use BLUE or BLACK pen to fill in the particulars.

SEMBAWANG COUNTRY CLUB

No. 249, Sembawang Road, (Next to Sembawang Air Base)
Singapore 758352.
Tel: 6751 0346/335 Fax: 6751 0303

Part 1 : For Applicant's Completion (Fill in the spaces indicated with ☐)

Date

☐_____

Name of Billing Ogranisation "BO":

☐SEMBAWANG COUNTRY CLUB

To: Name of Financial Institution ("Bank")

☐_____

Billing Organisation's Customer's Name:

☐_____

Billing Organisation's Customer's Reference Number:

☐_____

(a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.

(b) The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. The Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.

(c) This authorisation will remain in force until
(i) the Bank's written notice sent to my/our address last know to the Bank;

(ii) upon the Bank's receipt of my/our written revocation; or

(iii) upon the Bank's receipt of the notice of expiry from the BO.

My/Our Name(s) (Account Holder's Name)

☐_____

My/Our Contact (Tel/Fax) Number(s)/E-mail address:

☐_____

My/Our Account Number:

☐_____

My/Our Company Stamp/Signature(s) Thumbprint(s)**:

☐_____

(As in Financial Institution's records)

** For thumbprint, please go to the branch with your identification

Part 2 : For Billing Organisation's Completion :

SWIFT BIC	Billing Organisation's Account No.												
OCBCSGSGXXX	5	1	7	1	2	1	1	4	1	0	0	1	

Billing Organisation's Customer's Ref No.							

SWIFT BIC	Account No. to be Debited

Part 3: For Financial Institution's Completion

To: SEMBAWANG COUNTRY CLUB
249 Sembawang Road (Next to Sembawang Air Base)
Singapore 758352
Tel: 6751 0346/335 Fax: 6751 0303

This Application is hereby REJECTED (please tick) for the following reason(s):

☐ Signature/Thumbprint* differs from Financial Institution's records

☐ Signature/Thumbprint* incomplete/unclear*

☐ Account operated by signature/thumbprint

☐ Wrong account number

☐ Amendments not countersigned by applicant

☐ Others: _____

*Please delete where applicable

Name of Approving Officer

Authorised Signature and Stamp of Financial Institution

Date

CHECKLIST FOR MEMBERSHIP APPLICATIONS

APPLICANT'S NAME : _____

DATE OF SUBMISSION : _____

a.	Correct application form	( )
b.	$300/- deposit given / receipt issued	( )
c.	2 passport size photograph of applicant and spouse	( )
d.	Regular SAF/ MINDEF uniformed or DX personnel	( )
e.	All columns filled	( )
f.	Photocopy of marriage and children's birth certificates	( )
g.	Undertaking form filled and signed	( )
h.	GIRO or RPS form completed	( )
i.	Photocopy of PC or Handicap Card	( )

Checked By: _____
Name / Date