



# SEMBAWANG COUNTRY CLUB APPLICATION FORM

ONE  
PHOTO  
Digital Photo  
is accepted

Type of Membership: **SAF CONTINUING**

Surname \_\_\_\_\_ Name \_\_\_\_\_ Rank \_\_\_\_\_

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 \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Golfing: Yes/ No

Email \_\_\_\_\_ Contact Number \_\_\_\_\_

#### Children below 21 years old

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

**Please attach a copy of your marriage certificate, spouse photographs & birth certificates of your children**

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/wp-content/uploads/2023/06/SCC-Data-Protection-Policy-25.02.24-v1\\_.pdf](https://sembawanggolf.org.sg/web/wp-content/uploads/2023/06/SCC-Data-Protection-Policy-25.02.24-v1_.pdf)):

- (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](http://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 THE 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**

Membership Tier	Entrance Fee	Interest Free Instalment Plan	Entrance Fee (First Payment)	Monthly (Subscription)
Tier 1	\$5,000	36 months x \$135/month	\$140.00	\$99.50
Tier 2	\$2,000	18 months x \$105/month	\$110.00	\$99.50

Tier 1 – Rank: LTC, SWO, ME6, DX13 & above | Tier 2 – Rank: MAJ, MWO, ME5, DX12 & below

Yearly Charge (subject to annual revision)

SGA Subscription	\$10.00/year
Golfers' Insurance	\$21.50/year

Membership Category		TIER 1	TIER 2
A	Entrance Fee (First Payment)	\$140.00	\$110.00
B	Upfront 9% GST for full entrance fee	\$450.00	\$180.00
C	Monthly Subscription	\$99.50	\$99.50
D	Golfers' Insurance	\$21.50	\$21.50
E	SGA Subscription	\$10.00	\$10.00
F	Building Fund Levy (One Time Payment)	\$300.00	\$300.00
G	Administration Fee (One Time Payment)	\$5.00	\$5.00
H	Golf Bag Tag (per tag)	\$6.00	\$6.00
I	Deposit (Refundable upon termination of membership)	\$300.00	\$300.00
J	9% GST (Item C to H)	\$39.78	\$39.78
K	Grand Total	<b>\$1,371.78</b>	<b>\$1,071.78</b>

**TERMS & CONDITIONS**

- 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.**
- 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.
- Member cannot play golf at the golf course without a valid PC / Handicap.
- All prices stated above are subjected to change without notice.
- For each golfing family member, a monthly subscription of \$10 will be levied.
- Entrance Fee is strictly non-refundable upon commencement of your membership.

**For Official Use Only**

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

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

Membership No ..... Membership Tier .....

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 'Instalment Interest Free Scheme' of Sembawang Country Club, I have been allowed to pay the Entrance Fee, a sum of S\$2,000 / S\$5,000 (circle where applicable) in monthly instalments. Should I resign or am expelled from the Club before I have completed paying the full sum of S\$2,000 / S\$5,000 (circle where applicable), I shall undertake to pay in full the balance sum of membership Entrance Fee and settle in full all other outstanding monies owed to the Club immediately upon my resignation or expulsion.

### **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.

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Signature

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Date



## 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

\_\_\_\_\_

To: Name of Financial Institution ("Bank")

\_\_\_\_\_

Name of Billing Organisation "BO":

SEMBAWANG COUNTRY CLUB

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 Account Number:

\_\_\_\_\_

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

\_\_\_\_\_

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):

- |  |  |
|--|--|
| <input type="checkbox"/> Signature/Thumbprint* differs from Financial Institution's records          | <input type="checkbox"/> Wrong account number                      |
| <input type="checkbox"/> Signature/Thumbprint* incomplete/unclear*                                   | <input type="checkbox"/> Amendments not countersigned by applicant |
| <input type="checkbox"/> Account operated by signature/thumbprint<br>*Please delete where applicable | <input type="checkbox"/> Others: _____                             |

\_\_\_\_\_  
Name of Approving Officer

\_\_\_\_\_  
Authorised Signature and Stamp of Financial Institution

\_\_\_\_\_  
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

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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 28<sup>th</sup> 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](mailto:accounts@sembawanggolf.org.sg)

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



## 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