



REVERSE Co-operative Limited

Membership Application Form

Name as in NRIC (Dr/Mr/Mrs/Mdm/Ms)

Name not in NRIC

_____ alias _____

NRIC No. _____ (Citizen/PR) Birthdate ___/___/19__

Race _____ Marital Status (Married/Single/widowed/divorced)

Occupation _____ (Full-time/Part-time/Retired)

Religion _____ Gender (Male/Female)

Address: _____

_____ Postal Code: _____

Email Address: _____

Mobile No: _____ Office Tel: _____ Office Tel: _____

Education Level: (Post-grad/Tertiary/Pre-U/Sec/Pri)

I, hereby, declare to the best of my knowledge that the particulars furnished in this application are true and that I have not wilfully suppressed any material fact. In accordance to the REVERSE Co-op Ltd By-Laws on Membership as below. I declare I am eligible to apply for membership.

By-Laws on Membership

Individuals applying for membership shall:

- (a) have attained the age of 40 years;
- (b) be citizens of/or residents in Singapore
- (c) be in the opinion of the Board of good character
- (d) not be legally or mentally disabled
- (e) not be undischarged bankrupt; and
- (f) not have a conviction standing against him for an offence punishable with imprisonment.

Signature / Name / Date

For Official Use:-

One Shares applied for (S\$10) _____

Entrance Fee (\$40) _____

Payment made (Y/N)

Date of application ___/___/___

Receipt no. _____