



| OFFICIAL USE | | | |
|--------------|-----------------------|--|------------------|
| NAME: | | DATE RECEIVED: | FORM TYPE: |
| | | <input type="radio"/> WALK-IN <input type="radio"/> MAIL <input type="radio"/> BY HAND | ONLINE |
| ID NO: | APPROVE / REJECT: ___ | FORM COMPLETE: ✓ / ✗ | FOLLOW UP: ✓ / ✗ |

AIDILFITRI FUND APPLICATION FORM 2023

DOCUMENTS TO SUBMIT

- (i) Please complete this form and attach photocopies of all documents required below:
Arrange them in numerical order (1-12)

1. Applicant's NRIC (front and back)
2. Certificate of: Marriage, Divorce, Divorce Proceedings or Death (husband / wife)
3. NRIC of Family Member(s) **staying in the same household, 15 years and above**
4. Birth Certificate(s) of children **staying in same household, below 15 years**
5. Student Pass / School Ez-link Card(s) for school-going family members or NS card for family members who are serving National Service (NS)
6. Latest 3 months Payslips or Employment Contract or Declaration of Employment; from applicant and family members staying in the same household
7. CPF Transaction History – past 15 Months for applicant and family members **staying in the same household, 21 years and above**
8. Applicant's Hospitalisation Documents / Doctor's Memo (If Applicable)
9. Letter / Card from Prison / DRC of family members (If Applicable)
10. Financial Assistance letter(s) from MUIS / SSO Comcare (CDC) (If Applicable)
11. Applicant's bank book stating **account number (front page)** and **pages of latest 3-month transactions, or bank statement(s) showing account's latest balance.**

- (ii) We encourage you to submit this application form by post to TAA Office.
Please ensure this form is completed with the requested documents.

- (iii) Date of submission begins from **7 January 2023 until 21 January 2023**.
TAA Office will also be open on Saturday, 7 January 2023 and 21 January 2023,
10 am to 2 pm for form submission and enquiries (Aside from office days)

| | |
|-------------------------------|--------------------------------------|
| TAA TRUST FUND | Office Days: Monday to Friday |
| 845 Geylang Road | Time: 10 am – 11.30 am |
| Tanjong Katong Complex #04-16 | 2 pm – 5 pm |
| Singapura 400845 | Telephone: 6748 8177 |

- (iv) The application results will be notified in the 3rd week of the month of Ramadan through mail.

ELIGIBILITY

1. Applicant **must** be a holder of Singapore pink or blue NRIC.
2. Only **one applicant per family staying in the same household** can apply.
3. Applicant must be **29 years of age and above**.
4. Applicant **must not exceed** per capita income (PCI) of \$500 and / or household income of \$1,500.
5. Those in Prison, DRC or Welfare Homes are **not eligible** to apply.

AIDILFITRI FUND APPLICATION FORM 2023

APPLICANT'S PARTICULARS

*Please tick "✓" the options

| | | |
|--|-------|-----------------------|
| Name (as in NRIC): | NRIC: | Date of Birth: |
| Address (as in NRIC): | | Age: |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced / Separated <input type="checkbox"/> Widow / Widower | | <u>Contact Number</u> |
| Type of HDB Housing: Owned / Rental / Temporary Residence <input type="checkbox"/> 1 Room <input type="checkbox"/> 2 Room <input type="checkbox"/> 3 Room <input type="checkbox"/> 4 Room <input type="checkbox"/> 5 Room <input type="checkbox"/> Studio | | Handphone: |
| Race: <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Others: _____ | | Home: |

PARTICULARS OF FAMILY MEMBERS

Particulars of family members staying together in the same household:

| S/no | Name | Age | Relationship to Applicant | Occupation | Gross Salary per month |
|------|------|-----|---------------------------|------------|------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |

Total Family Members Staying Together:
(Including applicant)

AIDILFITRI FUND APPLICATION FORM 2023

ADDITIONAL INFORMATION

| | | |
|---|--|------------------|
| Highest Education: <input type="checkbox"/> Primary <input type="checkbox"/> PSLE <input type="checkbox"/> Secondary <input type="checkbox"/> GCE 'N' / 'O' / 'A' <input type="checkbox"/> Diploma <input type="checkbox"/> ITE <input type="checkbox"/> Others / NIL: * _____ | Employment Status: <input type="checkbox"/> Working Full-time <input type="checkbox"/> Working Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Looking for job | |
| Name of Employer: | Occupation: | Gross Salary: \$ |
| Physical Condition (* please attach documents): <input type="checkbox"/> Able-bodied <input type="checkbox"/> Wheelchair bound / Walking Stick <input type="checkbox"/> Handicapped <input type="checkbox"/> Bedridden <input type="checkbox"/> Others: * _____ | Chronic Illnesses (* please attach documents): <input type="checkbox"/> Kidney <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> Cholesterol <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Mental Illness (IMH) <input type="checkbox"/> Others: * _____ | |

FINANCIAL DETAILS

| | |
|---|--|
| Number of Family Members Living Together: (Including applicant) | Total Household Income: \$ Maintenance Allowance (If Any): \$ |
|---|--|

FINANCIAL ASSISTANCE

I am receiving financial assistance from other agencies / organisations:

| | MUIS | SSO Comcare (CDC) | OTHERS: _____ |
|----------|------|-------------------|---------------|
| Amount | \$ | \$ | \$ |
| Duration | | | |

ADDITIONAL INFORMATION

1. Reason(s) for unemployment:

2. Other Clarifications (If any):

ACCOUNT DETAILS

Bank: POSB / DBS / UOB / OCBC / MAYBANK

* Please provide the account number that you wish the Aidilfitri Fund to be credited into

Account No. : _____

If you have **more than 1 bank account**, you are required to attach a photocopy of that bank book with latest 3-month transactions or account statement showing the account balance.

AIDILFITRI FUND APPLICATION FORM 2023

DECLARATION

| | | |
|--|------------|-----------|
| *This is my first time applying: | Yes | No |
| *I received TAA Aidilfitri Fund in 2022: | Yes | No |

I hereby declare & agree:

- The information given in this form to be true, correct, and complete.
- If my application submitted is incomplete and / or lack of information, my application will not be approved. TAA Trust Fund reserves the right to reject my application. Any decision made by the TAA Disbursement Committee is final.**
- All photocopied documents attached to this application will not be returned.
- I allow the information I have provided to be shared with Ministry of Social and Family Development (MSF) and other agencies to assess my eligibility for additional or alternative assistance, for research and for other purposes under Singapore Law.
- I allow any agency, which has any of my records, to share the relevant information with TAA Trust Fund, if it is required for my application.
- I allow TAA to use pictures and video footages containing my face if taken during TAA events for media publications.

By signing this document, I hereby fully understand and agree to the terms and conditions stated above. I shall abide to the rules and regulations set by Tabung Amal Aidilfitri Trust Fund.

Signature of Applicant

NRIC

Date: _____ 2022/23

OFFICIAL USE ONLY

Preferred language:

*If requested

(For future letters & application forms)

- Malay
 English

| | | |
|-----------------|----------------------|--|
| APPROVED | GIRO / MANUAL | |
| REJECTED | REASON: | |

Processed By: User 1

Assessed By: User 2

Signature

Signature

Date: _____ 2022/2023

Date: _____ 2022/23