

Membership Application for Bursary Students

PERSONAL PARTICULA	ARS *please circle accord	dingly		
Name (as in NRIC)			Paste Your	
Identity Card No			Photo Here	
Date of Birth	rth(dd/mm/yy)			
Religion	Gende	r: *M / F		
Nationality		Race _		
Address				
		Postal C	oe ()	
Contact	(H)	(HF	')	
Email				
School		Educati	on Level	
FAMILY INFORMATION				
Name of Father (if Guard	ian, specify relationship) _			
NRIC No.	Contact (if different from applicant)			
Name of Mother (if Guard	ian, specify relationship)			
NRIC No	Contact (if different	_Contact (if different from applicant)		
AGREEMENT				
I affirm that all information daughter / ward to join Fadetailed in the next page.	aithActs as a member and			
Applicant's Signature	 Father/Mother	Father/Mother/Guardian's Signature Date		



TERMS AND CONDITION

- Membership is opened to children/youth (age between 7 and 18) for bursary application.
 Applicant above 18 need not apply.
- 2. All members will require to observe the rules and regulations of FaithActs.
- 3. Registration of membership is free for bursary application.
- 4. FaithActs reserves the right to suspend or terminate the membership at our discretion.
- 5. FaithActs reserves the right to amend these Terms and Conditions at our discretion.
- 6. If there is any enquiry, please contact FaithActs' office at 6339 7611 or email to info@faithacts.org.sg.

If you are already a member or have completed the form, you <u>DO NOT NEED TO FILL UP THE FORM AGAIN</u>.