

RETIREMENT DEATH BENEFIT SCHEME**APPLICATION FORM**

I am hereby pleased to enrol myself for the above Retirement Death Benefit Scheme and fully give my consent to do the payments through Koperasi deductions as appended below:-

Monthly : **RM 15.00**

Below are my particulars to participate in the above scheme.

Name : _____

I/C Number : _____ **Age** : _____

Date of Birth : _____ **Sex** : _____

Occupation : _____ **Salary** : _____

Union M/Ship Number : _____ **Koperasi M/Ship Number** : _____

Contact Number : _____ **Estate/Mill** : _____

Address : _____

: _____

Spouse Name : _____ **Spouse I/C Number** : _____

Nomination

Name	I/C Number	Relationship	% of Shares

Signature of Applicant

Witness(Sign/Chop)
Manager/Sr.Asst/D.O/
Comm. Of Oath Master