



Eligibility Criteria	Supporting documents
a. Monthly gross <b>basic salary</b> \$3400 and below b. Experiencing hardships due to sudden, unexpected crisis at personal or family level. c. Full-time employees of member company with a minimum <b>12</b> months of continuous service in the company. d. Singaporeans or PRs e. Employee has not accessed same or similar support from other trade associations f. Employee is currently not receiving any support from government or community agencies for daily expenses e.g transport, meals.	1. Retrenchment letters of immediate family members (Parents, Spouse and Children). 2. Death certificate of an immediate family member (Parents, Spouse and Children). 3. Doctor's memo or report. 4. 12 months of CPF Contribution Statement. 5. Proof of relationship. 6. Loss of income for self and or immediate family (Parents, Spouse and Children). 7. Any other relevant documents

**For Official Use Only**

**A. To be completed by Preparer:**

Date application received: \_\_\_\_\_

Tick if the verifications are completed:

- |  |  |
|--|--|
| <input type="checkbox"/> Employer/company is a member of the SFA<br><input type="checkbox"/> HR has provided the details and endorsement on the application form <u>or</u> via email<br><input type="checkbox"/> Applicant has provided supporting documents | <input type="checkbox"/> Applicant met primary criteria<br><input type="checkbox"/> Applicant met industry-criteria criteria<br><input type="checkbox"/> If applicable, other Association(s) has verified that employee has <b>NOT</b> successfully applied before, for other SBF Foundation Compassion Fund |
|--|--|

Recommendation for:

Application is **SUPPORTED / NOT SUPPORTED**

- |  |  |
|--|--|
| <input type="checkbox"/> Supported. Application met requirements | <input type="checkbox"/> <u>Not</u> supported. Application did not meet requirements (to specify): |
|--|--|

- Supported. Application did not meet requirements (to specify) but is supported due to (to specify reasons):

Applicant will be provided with information, via email, on other government and community resources as follows (to specify):

\_\_\_\_\_ (Name) \_\_\_\_\_ (Designation) \_\_\_\_\_ (Signature/Date)

**B. To be completed by Reviewer and Approver:**

**Application is APPROVED / NOT APPROVED**

Reviewed by:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Designation) \_\_\_\_\_ (Signature/Date)

Approved by:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Designation) \_\_\_\_\_ (Signature/Date)

**C. To be completed by Finance:**

Date of disbursement: \_\_\_\_\_

Payment prepared by:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Designation) \_\_\_\_\_ (Signature/Date)

Payment approved by:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Designation) \_\_\_\_\_ (Signature/Date)