

SFA-SBF Foundation Compassion Fund Application Form

Please refer to the eligibility criteria and required supporting documents in the overleaf, before completing the application. Completed application with the supporting documents should be submitted via email to admin@sfa.org.sg. For enquiries, please contact Ms Jenny Yap, 6298 1600 Ext 814 from Singapore Furniture Association and 10 Toh Guan Road #01-40 Singapore 608838

All approved applicants will receive a one-off assistance of \$500 and referral to other government or community support if need.

Particulars of Applicant											
Full name (as in NRIC)		Email Address									
Identification No. (last 4 digits eg. 1234Z)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									Mobile number	
Employment Details											
Name of Company		Date Joined	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">DD</td> <td style="border: none;">/</td> <td style="border: none;">MM</td> <td style="border: none;">/</td> <td style="border: none;">YYYY</td> </tr> </table>	DD	/	MM	/	YYYY			
DD	/	MM	/	YYYY							
Job Title		Current Gross Monthly Basic Salary	S\$ _____								
Endorsement by Company's HR <i>(An email by HR to indicate the required details is acceptable)</i>	Is the company also a member of other Trade Association(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, pls specify: _____										
	Applicant is an existing employee of the company on: <input type="checkbox"/> Full-time basis <input type="checkbox"/> Contract basis <input type="checkbox"/> Part-time basis										
	Please verify that the above stated applicant's current gross monthly salary is correct: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, pls specify applicant's salary: S\$ _____										
	Name/ Designation	Signature & Date									
Email	Company Stamp										
Referral to other support											
I am experiencing <input type="checkbox"/> Personal hardship <input type="checkbox"/> Family hardship related to spouse, parents or children Pls share about your current challenges so we may suggest government and community support that could be useful: <div style="border: 1px solid black; height: 40px;"></div>											
Are you aware of other government and community support? <input type="checkbox"/> No, I am not aware. <input type="checkbox"/> Yes, I am aware and is currently accessing support: Pls indicate the government and community support eg. Family Service Centres, Social Service Office, ComCare or others.											
<input type="checkbox"/> Yes, I am aware but <u>have not</u> tapped on the support.											
<input type="checkbox"/> Yes, I am aware and have tapped on the support in the past.											
This is my first time applying for this Fund: <input type="checkbox"/> Yes <input type="checkbox"/> No											
Declaration by Applicant											
1. I, the applicant, declare that the information provided in this application are true and correct, and that I have not wilfully withheld any material fact. 2. I have noted that I will be required to submit the supporting documents for verification and audit purposes. Failure to do so, will result in incomplete and unsuccessful application. 3. I understand that in the event that I am found to declare false information, I would be required to refund the full value of the one-off assistance. Collection, Use and Disclosure of Personal Data 4. I consent to my personal data being collected, used and retained by Singapore Furniture Association for the purposes of: (a) processing, administering, verifying and managing my application for SFA-SBF Foundation Compassion Fund. 5. I consent to my personal data being disclosed to (a) my employer for purpose of obtaining my information relating to my employment and monthly salary, and disbursing the one-off financial assistance; (b) SBF Foundation for purpose of updating funds utilisation; and (c) authorised third party for audit purposes. I consent to my employer providing Singapore Furniture Association with information that Singapore Furniture Association may require to process my application. 6. I consent to be contacted by Singapore Furniture Association and SBF Foundation via email, text messages, calls and/or post for matters relating to my application as well as to obtain my opinion/feedback on such matters. 7. I understand the decision made by Singapore Furniture Association on the outcome of this application shall be final. If the application is successful, I will be informed via email approximately 3 weeks from date of application.											
Name of Applicant	Signature of Applicant	Date									

Eligibility Criteria	Supporting documents
a. Monthly gross basic salary \$3,400 and below. (Those with salary between \$3.4k to \$4k will be considered) b. Experiencing hardships due to sudden, unexpected crisis at personal or family level. c. Employees of SFA members (Part-time employees will be considered). d. Singaporeans, PRs and work pass holders. e. Employee has not accessed same or similar support from other trade associations in the past 6 months. f. Employee facing existing hardships will be considered.	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

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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
<input type="checkbox"/> HR has provided the details and endorsement on the application form <u>or</u> via email
<input type="checkbox"/> Applicant has provided supporting documents | <input type="checkbox"/> Applicant met primary criteria
<input type="checkbox"/> Applicant met industry-criteria criteria
<input type="checkbox"/> If applicable, other Association(s) has verified that employee has NOT 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)