

Company Name: TCC Credit Co-Operative Ltd	Document Number: TCC-PF-033
Nomination Form	Revision: 04
	Effective Date: 21st Mar 2017

NOMINATION FORM

IMPORTANT NOTE:

- If nominees are below 21 years old, Guardian must be nominated.
- Your witness must not be yourself or your nominee(s). Your witness must be 21 years old and above.
- The use of correction fluid/tape or not signing against amendments will void the nomination.
- A form without any witness will void the nomination.

1. Particulars of TCC Ltd Member

Name (as in NRIC) in block:

NRIC Number: Member Number:

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

Email Address:

2. Particulars of Nominee(s)

NOMINEE 1

Name (as in NRIC):

NRIC Number: Relationship: Percentage (%):

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

Guardian's Particulars (if Nominee is below 21 years old)

Name of Guardian: NRIC Number:

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

NOMINEE 2

Name (as in NRIC):

NRIC Number: Relationship: Percentage (%):

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

Guardian's Particulars (if Nominee is below 21 years old)

Name of Guardian: NRIC Number:

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

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NOMINEE 3

Name (as in NRIC):

NRIC Number: Relationship: Percentage (%):

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

Guardian's Particulars (if Nominee is below 21 years old)

Name of Guardian: NRIC Number:

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

NOMINEE 4

Name (as in NRIC):

NRIC Number: Relationship: Percentage (%):

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

Guardian's Particulars (if Nominee is below 21 years old)

Name of Guardian: NRIC Number:

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

3. Particulars of Witness

Name (as in NRIC):

NRIC Number: Relationship to TCC Member:

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

Email Address:

Signature of Witness & Date:

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WITNESS 2

Name (as in NRIC):

NRIC Number: Relationship to TCC Member:

Address : Postal Code

Tel (Home): Tel (Hp): Tel (Off):

Email Address:

Signature of Witness 2 & Date:

4. Declaration by TCC Member

i) I do not wish to distribute my TCC Ltd moneys according to the Intestacy laws/Inheritance Certificate, whichever is applicable. I wish to distribute all moneys that may be due to me from TCC Ltd to the person/persons named in this form.

ii) I nominate the person/persons named in this form to receive according to the share set down against his/her/their name(s) the TCC Ltd moneys in the event of my death.

iii) I understand that this nomination will be superseded by a subsequent nomination made by me.

iv) I sign on the form

(a) in the presence of the 1 witness; or

(b) in the presence of the 1 witness, after the contents have been read over and explained to me in (please specify language/dialect) by

..... (Name) (NRIC No.)

Signature of TCC Member & Date:

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Receipt Date:	
Received By:	
Processed By:	
Remarks:	