



SINGAPORE KHALSA ASSOCIATION

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TRANSFER OF MEMBERSHIP (LIFE) DECLARATION FORM

SECTION I (To be completed by the Transferor – Member)		
Name of Member (as per PP/NRIC)		Membership No
NRIC No /Fin No	Last 4 digits	Date of Birth: (DD-MM-YYYY)
Mailing Address		
Address Line 1		
Address Line 2		
Country		Postal Code
hereby apply to and, if approved, irrevocably authorise Singapore Khalsa Association the transfer of my SKA 'Life' or 'Associate Life' membership to the following:		
Name (as per PP/NRIC)		
NRIC No /Fin No	Last 4 digits	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Children

In accordance with MEMBERSHIP CATEGORIES Rule C of the Rules and Regulations of SKA, I, the above (Transferor), hereby submit this application to effect the transfer of my membership to the following (Transferee) and also declare and agree to the following terms and conditions:

Terms and Conditions
<ul style="list-style-type: none">• I am an active 'Life' member that is, not Absent, Expelled, Deceased, etc.• My age is more than 55 years at the next birth or the 1st of January of the prevailing year.• The Transferee must be a member of my immediate family (spouse or child).• I do not have any pending disciplinary case(s) brought by SKA against me under the SKA Rules and Regulations.• I shall pay to the Association a Transfer Fee of 25% of the prevailing 'Life' or 'Associate Life' membership fee.• I accept that this application for the transfer is at the sole discretion of SKA, which reserves the right to reject any application without having to provide any reasons for its decision.• I shall be liable for any membership subscription fees and outstanding charge(s) due to SKA.

Name & Signature of Transferor: _____ Date: _____

SECTION II (to be filled by the Transferee)

Full Name (as per PP/NRIC)		Preferred Name on Card (20 characters maximum)
NRIC No /Fin No	Last 4 digits	Date of Birth: (DD-MM-YYYY)
Nationality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status* Single / Married / Widower / Others
Residence Status*	Singaporean / PR / EP / DP/ Others	Race Religion
Mailing Address		
Address Line 1		
Address Line 2		
Country		Postal Code

In accordance with MEMBERSHIP CATEGORIES Rule C of the Constitution of SKA, I, the above (Transferee), hereby submit this application to accept the transfer of membership from the Transferor and also declare and agree to the following terms and conditions:

Terms and Conditions

- I am a member of the Transferor's immediate family (spouse or children).
- I do not have any pending disciplinary case brought by SKA against me under the SKA Rules and Regulations.
- I fulfill the eligibility criteria for the SKA 'Life' or 'Associate Life' membership as per SKA Rules and Regulations.
- I shall be liable for any pending membership subscription fees and outstanding charge(s) due to SKA, inclusive of the month in which the transfer is approved.
- I am a resident in Singapore at the time of the application.

Notes

- If the Transferee is a child of the Transferor, the Transferee must not be more than 35 years old at the next birth or the 1st of January of the prevailing year.
- If the Transferee is the (legal) spouse, there are no age criteria.

Name & Signature of Transferee: _____ Date: _____

FOR OFFICIAL USE

DECLARATION FORM VERIFICATION		SKA MANAGEMENT COMMITTEE	
Payment Date		Management Committee Mtg Date	
Payment Receipt No		Approval	YES or NO
Manager / Secretary		President / Secretary	
Date		Date	

