



AMALGAMATED UNION OF PUBLIC EMPLOYEES
WISMA AUPE
AUPE UNION MEMBERSHIP SERVICES LEVEL 3
295 UPPER PAYA LEBAR ROAD SINGAPORE 534929
TEL : 6280 8033 FAX : 62800854 WEBSITE: www.aupe.org.sg

AUTHORISATION FORM

- AUPE Mutual Aid Welfare Scheme I
(Death of Member Parent / Child)

- AUPE Mutual Aid Welfare Scheme II
(Death of AUPE Associate Member)

- AUPE Mutual Aid Welfare - Scheme III (Hospitalisation)

Please mark in the appropriate box

Note: This form should be used only when the member or claimant wishes to authorise another person to claim on his or her behalf.

I _____ holder of
NRIC No _____ hereby
authorise _____ (Name)
holder of NRIC No _____ to claim
on my behalf the monies due to me under the above Scheme

Signature _____ Date _____

In the presence of:

(This portion must be signed by a witness who must not be either the claimant or the recipient before any claims can be entertained.)

Signature : _____

Date : _____

Name : _____

NRIC No : _____

Address: _____
