

PATRON MEMBER APPLICATION

COMPANY INFORMATION

Company name:

Company address:

Unit:

Country: Singapore

Postal Code:

Contact No.:

Date of Incorporation:

UEN:

DECLARATION

In pursuance to the Constitution of the SOCIETY OF HEARING PROFESSIONALS (SINGAPORE) wherein we, _____ (Company), will register as a Patron Member.

AUTHORIZED CORPORATE SIGNATORY

I, _____, (Name of rep) authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of Director of company & Company Stamp:

Date:

Payment Details:

Membership fee: \$500

(First time applicant is required to pay an additional \$1000 initial joining fee)

Beneficiary Name: Society of Hearing Professionals (Singapore)

Bank Name: Oversea-Chinese Banking Corporation

OCBC Account No.: 687778837001

Swift Code: OCBCSGSG

Bank Code: 7339

Branch Code: 687

Or

PayNow to UEN: T19SS0196B

The Personal Data Protection Officer
Society of Hearing Professionals (Singapore)
7 Temasek Boulevard #12-07
Suntec Tower One
Singapore 038987

Dear Sir/Madam,

**PERSONAL DATA PROTECTION ACT (“PDPA”)
CONSENT FORM**

being admitted as a member, I hereby agree and consent that Society of Hearing Professionals (Singapore) may use, disclose and process my personal information as furnished to you, in the form of hard or soft copies of my passport, identity card and other documents and data set out in the relevant forms, for the purposes aforementioned and I fully understand that this is in compliance with the requirements of the Constitution of the Society of Hearing Professionals (Singapore).

I confirm that I have read and understood the above.

Full Name of Authorised Personnel :

NRIC/Passport No. of Authorised Personnel :

Signature of Authorised Personnel :

Date :
