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**COMMON GOOD FUND APPLICATION FORM**

**(BY MEMBER'S SPOUSE/CHILDREN/FAMILY MEMBERS)**

NAME OF CLAIMANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NOS: \_\_\_\_\_ (HOME) / \_\_\_\_\_ (HANDPHONE)

DATE OF APPLICATION: \_\_\_\_\_ RELATIONSHIP TO CLAIMANT: \_\_\_\_\_

NAME OF DECEASED: \_\_\_\_\_

REG NUMBER \_\_\_\_\_ DEPT: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ DEATH CERTIFICATE NO: \_\_\_\_\_

BIRTH CERTIFICATE/MARRIAGE CERTIFICATE NO: \_\_\_\_\_

STATUTORY DECLARATION NO \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

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**FOR OFFICIAL USE ONLY**

THE FOLLOWING DOCUMENTS HAVE BEEN SUBMITTED AND VERIFIED :-

DEATH CERTIFICATE YES NO

BIRTH CERTIFICATE / MARRIAGE CERTIFICATE YES NO

DEPENDANT FORM / NOMINEE FORM YES NO

CHECKED BY

OFFICER-IN-CHARGE

**APPROVED BY:**

\_\_\_\_\_  
CHAIRMAN

\_\_\_\_\_  
HON SECRETARY

\_\_\_\_\_  
HON TREASURER

DATE: \_\_\_\_\_