



REPLACEMENT OF DAMAGED / LOST CARD APPLICATION FORM

I would like to apply for:

Replacement of Damaged Card

I return herewith my damaged card and agree to pay an administrative charge of \$5.45 w/GST for the replacement card. In cases where the damaged cards are not returned to the Club during time of application, there will be a charge of \$10.90 w/GST.

Replacement of Lost Card

I have lost my membership card and agree to pay an administrative charge of \$10.90 w/GST for a replacement card.

Change of Card Details

I would like to change the photo / name _____ * (pls indicate) on my membership card. I return herewith my existing card and agree to pay an **administrative charge of \$10.90 w/GST for a new card.

Note:

**Waiver of charges on the basis of a Security check update. Complimentary card update to be given.

IMPORTANT NOTE

- Processing of membership cards will take about 3 working days. We will inform you when your card is ready for collection
- Please note that should you find your lost card, you are required to return it to the Membership Relations Office
- Temporary cards will only be issued upon request. All expenses incurred using the temporary card will be charged to the Principal member's account

Name of Member:		M'ship No.:	
Contact:	(Mobile)	(Home)	(Office)
Email Address:			

I understand that upon signing this application form, I shall accept the terms and conditions as set out in this application form and as prescribed in the Club's Constitution and Bye-Laws. I hereby give consent to SGCC to collect, use, and/or disclose my Personal Data for the purpose of administering my SGCC membership and/or processing service request initiated by me. I also acknowledge and consent SGCC to keep me posted on Club announcements, events, news, promotional information related to existing or future products, through the Club publicity channels (eg. email, SMS and direct mailers). SGCC is in full compliance with the Personal Data Protection Act (PDPA).

Signature of Member **Date**

OFFICIAL USE			
Received By:		Date Received:	
Processed By:		Processed Date:	
Card Returned:	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Photo:	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Membership Type:	<input type="checkbox"/> Ordinary <input type="checkbox"/> NTOM <input type="checkbox"/> Term <input type="checkbox"/> Grand <input type="checkbox"/> Corporate		
M'ship Card No:		Family Code:	
Waiver of Administrative Charge?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Card Handed to Reception:			
Remarks:			