

<b>For official Use</b> <b>Membership Number:</b>	
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Pei Hwa Presbyterian Primary  
School Alumni Association

**Pei Hwa Presbyterian Primary School (PHPPS) Alumni Association**  
7 Pei Wah Avenue, Singapore 597610  
Tel. 64663787, 64663797 Fax. 64621944  
Email: phppsalumni@gmail.com

## LIFE MEMBERSHIP APPLICATION FORM

All former students of Pei Hwa Presbyterian Primary School (PHPPS) may apply for life membership as long as they are above the age of 21 years and have completed at least 3 full years in PHPPS.

Subscription for Life Membership shall be a one-time payment of \$300.00. Crossed cheque is to be made payable to "**Pei Hwa Presbyterian Primary School Alumni**". Please write your name and contact number behind the cheque.

*Please paste  
passport size photo  
here*

Alternatively, you may make payment of \$300.00 via iBanking to **DBS Current Account 020-902684-1**. Please attached proof of payment such as screenshot of your transfer or photo of transaction receipt. For iBanking, please provide details of your payment in Section A.

Please include your documentary proof of your stay at PHPPS such as:

- PHPPS Report Book that include your particulars and last 3 years of the result slips or
- PSLE Certificate

Please submit your completed Application Form together with cheque, photocopy of your front and back NRIC and relevant supporting documents to:

**The Honorary Secretary**  
**Pei Hwa Presbyterian Primary School Alumni**  
7 Pei Wah Avenue  
Singapore 597610

Application will only be processed upon receipt of the duly completed Application Form, payment and all documents required under this application.

Kindly allow 3 months for processing, following which the Alumni will contact you on the outcome of your application via email.

The Alumni reserves the right to request for more information from you for purposes of verification of the details in your application. The Alumni reserves the right to decline any application without providing any reason thereof. The decision of the Membership Approval Committee on your eligibility shall be final and no appeal or further queries shall be entertained.

For any enquiry, you may write in to phppsalumni@gmail.com

**Please note that successful application as a member of PHPPS Alumni provided you with priority to register your child under Phase 2A of the Primary 1 Registration but does not guarantee your child a place should balloting take place when the number of applications exceeds the number of vacancies.**

**Section A: Mode of Payment**

**Mode of Payment:**  
(Please Tick)

iBanking

Cheque

For Cheque Payment	
Name of Bank:	
Cheque Number:	

For iBanking Payment	
Name of Bank:	
Date of Transfer:	
Last 5 digit of the Account Number:	
Account Name:	
Proof of Payment:  Please paste your transaction receipt or sceenshot here	

The Alumni will refund the payment via cheque if the application is unsuccessful.

## Section B: Personal Particulars

Personal Particulars			
<b>Name:</b> (as in NRIC) <i>Please underline surname</i>			
<b>Salutation:</b> (Please Tick)	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr	<b>Marital Status:</b> (Please Tick)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<b>NRIC Number:</b>		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth:</b> (DD/MM/YYYY)		<b>Nationality:</b>	
<b>Contact Number:</b>	(Mobile)	(Home)	(Office)
<b>Race:</b>		<b>Religion:</b>	
<b>Email Address:</b> <i>Please write neatly</i>			
<b>Mailing Address:</b> <i>(Please provide local address if residing overseas)</i>			
<b>Parent / Siblings who have joined the Alumni:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____		

Vocation & Industry Particulars			
<b>Occupation:</b>		<b>Company:</b>	
<b>Designation:</b>		<b>Job Industry:</b>	

Education Information			
<b>Entry Year in PHPPS:</b>		<b>Level of Admission:</b> (Please Tick)	<input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6
<b>Year of Graduation:</b>		<b>Level Left:</b> (Please Tick)	<input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6
<b>Highest Qualification to Date:</b> (Please Tick)	<input type="checkbox"/> PSLE <input type="checkbox"/> O Level <input type="checkbox"/> N Level <input type="checkbox"/> A Level <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Others: _____ Name of Institution: _____		

**Section C: Family Details**

Family Details			
Name of Spouse:			
Spouse Occupation:		Spouse Company:	
Spouse Designation:		Spouse Job Industry:	
Child 1			
Name of Child:			
Date of Birth: (DD/MM/YYYY)		Nationality:	
Birth Cert. No.		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child 2			
Name of Child:			
Date of Birth: (DD/MM/YYYY)		Nationality:	
Birth Cert. No.		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child 3			
Name of Child:			
Date of Birth: (DD/MM/YYYY)		Nationality:	
Birth Cert. No.		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Applicant's Signature:		Date of Application: (DD/MM/YYYY)	
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**For Official Use**

Date Received Application Form & Relevant Documents:  
(DD/MM/YYYY) \_\_\_\_\_

Payment Check			
Payment Cleared:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date & Check By:	

Document Check			
NRIC Front & Back:	<input type="checkbox"/> Yes <input type="checkbox"/> No	PSLE Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
PHPPS Report Book:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date & Check By:	
Remarks:			

Approval Check			
Approval Cleared	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date & Check By:	
Reason for Unsuccessful Application:			
Return Cheque for Unsuccessful Application:	Cheque Number: Mail Out Date:		

Approval			
Approved By:		Approval Date: (DD/MM/YYYY)	
Life Membership Number Assigned:			

Data Entry			
Data Entry By:		Date of Entry: (DD/MM/YYYY)	