

CapitaLand – U Care Resilience & Enablement Fund

Application Form

In partnership with CapitaLand Hope Foundation and a 1:4 matching support from unions/NTUC General Branch, CAP+Ure Fund targets to reach out to union members (with children), who are impacted by sudden loss of income. To provide interim financial support for children's educational and nutritional needs, each eligible child will receive \$250 worth of FairPrice vouchers with \$200 and \$50 contributed by CapitaLand Hope Foundation and union/ association/ NTUC General Branch respectively.

Members who require assistance in reskilling themselves in order to find alternative employment or upskilling themselves to upgrade their current job will be enrolled in the NTUC LIFT-UP Pathfinder, a programme supported by the President's Challenge Empowering for Life Fund where members and their families will undergo customised training to level up their employability, skills and resilience.

ELIGIBILITY CRITERIA

Member must meet the following criteria to be eligible for the funding:

- Monthly Gross Household Income (GHI) of \$5,800 and below or Per Capita Income (PCI) of \$1,450 and below if exceeds GHI
- Children aged 21 years and below studying at eligible educational institutions:
 - Government / Government-aided / Independent schools (primary and secondary) under the Ministry of Education;
 - Junior colleges; Institute of Technical Education; Millennia Institute;
 - Special education schools
- 6 months of continuous paid-up union membership

Where applicable, unions/ associations to submit a cover letter detailing member's current circumstances, along with the relevant supporting documents (i.e. proof for loss of income) for verification purposes.

(A) PARTICULARS OF MEMBER

Full Name – Mr / Ms / Mrs / Mdm		NRIC / FIN	
Contact		Nationality	
Name of Employer		Occupation	
Gross Monthly Income / Last Drawn Income		If No, please indicate date member has stopped working (dd/mm/yy)	
Have you benefitted from any U Care Programmes?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please indicate: _____		
Reason(s) for Sudden Loss of Income			

(B) PARTICULARS OF FAMILY MEMBERS (CHILDREN AND/OR PARENTS) STAYING TOGETHER IN THE SAME HOUSEHOLD

Full Name (As in NRIC/Birth Cert.)	Date of Birth (dd/mm/yy)	NRIC	Age	Relationship to Member	Gross Monthly Income	Education Level/ Occupation
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					

(C) INCOME DECLARATION

Total Gross Household Income		No. of Family Members	
Per Capita Income			

(D) DECLARATION BY APPLICANT**FORM THAT IS NOT SIGNED WILL NOT BE PROCESSED.****PLEASE DO NOT ALTER ANY OF THE WORDS IN THIS SECTION. ANY ATTEMPT TO DO SO WILL DISQUALIFY THE APPLICANT.**

1. I, the applicant, declare that the particulars stated in this application are true and correct, and that I have not wilfully withheld any material fact.
 2. I have noted that I may be required to furnish other supporting documents for verification and audit purposes.
- Collection, Use and Disclosure of Personal Data**
3. I consent to my personal data being collected, used and retained by NTUC/Union for the purposes of:
 - (a) processing, administering and managing my application for the CAP+Ure Fund; and
 - (b) carrying out verification and updates of my membership status and/or information I have provided in this application form.
 4. I acknowledge that the collection, use and/or disclosure of my NRIC/FIN number is necessary to accurately establish my identity to a high degree of fidelity in relation to the CAP+Ure Fund.
 5. I consent to my personal data being disclosed by:
 - (a) NTUC to the Union or by the Union to NTUC for the purposes of processing, administering and managing my application for the CAP+Ure Fund; and
 - (b) NTUC/Union to their authorised data intermediaries for the purposes of processing, administering and managing my application for the CAP+Ure Fund.
 6. I consent to be contacted by NTUC/Union via telephone, email, text messages, fax and/or post for matters relating to my application for the CAP+Ure Fund and other membership matters, as well as to obtain my opinion/feedback on such matters.
 7. For the purposes of industrial relations and employment-related issues, I consent to NTUC and my union obtaining my personal data and any relevant data relating to my employment from my employer.
 8. I will also keep NTUC and my assigned union/association informed immediately of any changes to my employment status or personal particulars that may affect my membership status and benefits.
 9. I further declare that the personal data pertaining to my spouse and dependant(s) are true and correct and that these persons are aware of and consent to the NTUC, union and other authorised third parties managing their information for authorised purposes.
 10. I acknowledge that the NTUC has the absolute discretion to decide on the outcome of this application.

Name of Applicant

X

Signature of Applicant

Date

(E) FUNDING (To Be Completed by Union/ Association/ NTUC General Branch)

Stakeholder	Contribution Per Child	No. of eligible children	Total Contribution
CapitaLand Hope Foundation	\$200		\$
Union / NTUC General Branch	\$50		\$

(F) CONFIRMATION OF MEMBERSHIP (To Be Completed by Union/ Association/ NTUC General Branch)

Union / Association		Membership Type	
Date Joined Union (dd/mm/yy)		Continuous Membership Tenure	

I hereby confirm that the member mentioned in Section (A) is/was in our membership roll with a minimum of 6 months continuous paid-up union membership at the point of application.

Name of Authorised Person Signature / Date Stamp of Union / Association

Designation President / General Secretary / Executive Secretary / Director / Deputy Director

FOR OFFICIAL USE

COLLECTION & ACKNOWLEDGEMENT OF VOUCHERS – \$250 per child (By Union/ Association/ NTUC General Branch)

Total Amount of NTUC Fairprice vouchers	Serial No of Voucher (From)	Serial No of Voucher (To)	Acknowledgement of Receipt of NTUC Fairprice vouchers (Name, Date, Signatory)
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Remarks (if any):

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