



CONFIDENTIAL

**PEOPLE'S ASSOCIATION
VOLUNTEER REGISTRATION FORM
(For ISCA Members)**

Please ***paste*** (do not staple)
one photograph
for PAssion Card

Please complete and submit the form to :

**Mr Koh Wee Meng, Senior Executive
(Member Services Department)
Institute of Singapore Chartered Accountants
ISCA House 60 Cecil Street
Singapore 049709
DID: +65 6597 5536 Fax: +65 6749 8061
Email : <weemeng.koh@isca.org.sg>**

This form may take you 5 minutes to fill in.

PART I		
NAME OF COMMITTEE		
Name as in NRIC (In BLOCK and underline surname) *Dr/Mr/Mdm/Mrs/Miss		Name in Chinese Character (if applicable)
NRIC No.	Date of Birth (dd/mm/yy)	Title of National Day Award & Year Awarded (if any)
Singapore PR *Yes/No/NA	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated	NS Status (if applicable) <input type="checkbox"/> Full Time <input type="checkbox"/> Reservist <input type="checkbox"/> Exempted
Nationality	Country of Birth	
Religion	Language/Dialect Written _____ Spoken _____	
Highest Educational Level Attained <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> *GCE 'N'/'O' <input type="checkbox"/> ITE <input type="checkbox"/> GCE 'A' ----- <input type="checkbox"/> Diploma <input type="checkbox"/> Pass Degree <input type="checkbox"/> Honours Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate		
Name of Diploma/Degree Attained _____		
Name of Polytechnic/University Attended _____		
Home Address _____		
Postal Code _____ E-mail Address _____		
Home Telephone No. _____ Mobile No. _____		
Type of Dwelling <input type="checkbox"/> HDB__- Room <input type="checkbox"/> HDB Executive <input type="checkbox"/> HUDC <input type="checkbox"/> Bungalow <input type="checkbox"/> Semi Detached/Terrace <input type="checkbox"/> Condominium/Private Apartment Others, specify _____		

Occupation	Name of *Employer/Company (please specify if you are self-employed)	
Workplace Address _____		
Postal Code _____	Workplace Telephone No. _____	Fax No. _____
<i>I hereby declare that all entries in this volunteer form are true and correct; and consent to disclose my personal information to the People's Association (PA) and its employees and if necessary, relevant government agencies to facilitate my community work with the PA.</i>		
_____ Signature of Applicant		_____ Date
PART II FOR OFFICIAL USE		
Position Recommended _____	Endorsed by	
Recommended by _____ Name & Designation	_____ Signature & Date	_____ Signature of Adviser & Date

*Delete as necessary

√ Tick wherever appropriate

PA/FS/01/2005

CONFIDENTIAL