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For Office Use Only	
_____ FC	_____ Bank.xls
_____ WB	_____ DPAY
_____ INF	_____ FF

## SCPlus APPLICATION FORM (you can do it online) 新会员申请表

### Part I: Sponsor's Information

**\*\*Sponsor No.**          
**赞助人的账号**

**\*\*Sponsor Name:** \_\_\_\_\_  
**赞助人的名字**

### Part II: Applicant's Information

**\*\*SCPlus Account/SV Card no.**          
**新会员SV卡账号**

Do you want to link-up your Plan A organization to Plan B? Yes  No   
 若要求合并市场计划 A 要 不要

**Plan A Account no.**          
**(If any) 市场计划 A 账号**

**\*\* Name (As in NRIC/Passport)** 会员身份证上的名字 \_\_\_\_\_

**\*\*NRIC/PASSPORT/FIN:** 会员身份证号码                       
**\*\* Compulsory in order to claim your commission 必填**

**\*\*Date of Birth生日:**              
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**Nationality国籍:** \_\_\_\_\_

**Sex性别:**  
 Male男  Female女

**Address地址:**  
**Block**                       
**Unit #**

**Street Name:** \_\_\_\_\_  
**Postal Code:**

**Contact Numbers: 联络电话号码**  
**Home家电话:** \_\_\_\_\_ **Mobile流动电话:** \_\_\_\_\_  
**Office:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email电子邮件地址:** \_\_\_\_\_

### Part III: My Bank Detail for Commission Payment 银行帐户(支付您的奖金)

**Name of Bank银行名字:** \_\_\_\_\_ **Name of Branch:** \_\_\_\_\_

**My/Our Name(s) as in the Bank Account名字** \_\_\_\_\_ **Type of Account:** \_\_\_\_\_

**My/Our Account Number (To be Credited)银行帐号** \_\_\_\_\_

**Note:**  
 1 We will credit your commission latest on the 15th of every month. If the payment day falls on a Sunday or Public Holiday, we will credit your account on the next working day.  
 2 Trust and Save-As-You-Earn (SAYE) accounts under POSB cannot be used for this transaction.

By signing below, I/We hereby confirm that all the information given is true and correct. I/We also undertake to comply with all the Latest Terms & Conditions (refer to www.scplus.com.sg) imposed by FutureTel on User and/or Distributor whenever applicable. 我声明所有信息提供是真实和正确的。并且同意遵照所有最新的条件和章程(参见www.scplus.com.sg)

\_\_\_\_\_

**Applicant's Signature 申请人签名**

\_\_\_\_\_

**Name of Signatory/Date 申请人名字/日期**