

LAWSOC-SBF FOUNDATION COMPASSION FUND APPLICATION FORM

Please refer to the eligibility criteria and required supporting documents in the overleaf, before completing the application. Completed application with the supporting documents should be submitted via email to membership@lawsoc.org.sg. For enquiries, please contact Danica Liang from The Law Society of Singapore at membership@lawsoc.org.sg at tel: 6530 0253. All approved applicants will receive a one-off assistance of \$500.00 and referral to other government or community support if needed.

Particulars of Applicant										
Full name (as in NRIC)								Email Address		
Identification No. (last 4 digits eg. 1234Z)									Mobile number	
Employment Details										
Name of Company								Date Joined		DD / MM / YYYY
Job Title								Current Gross Monthly Salary		S\$
Endorsement by <u>Company's HR</u> <i>(An email by HR to indicate the required details is acceptable)</i>	Is the company also a member of other Trade Association(s)?									
	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, pls specify: _____									
	Applicant is an existing employee of the company on:									
	<input type="checkbox"/> Full-time basis <input type="checkbox"/> Contract basis <input type="checkbox"/> Part-time basis									
	Please verify that the above stated applicant's current gross monthly salary is correct:									
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, pls specify applicant's salary: S\$ _____										
				Name/ Designation				Signature & Date		
				Email				Company Stamp		
Referral to other support										
I am experiencing <input type="checkbox"/> Personal hardship <input type="checkbox"/> Family hardship related to spouse, parents or children										
Pls share about your current challenges so we may suggest government and community support that could be useful:										
Are you aware of other government and community support?										
<input type="checkbox"/> No, I am not aware.				<input type="checkbox"/> Yes, I am aware and is currently accessing support:						
<input type="checkbox"/> Yes, I am aware but <u>have not</u> tapped on the support.				Pls indicate the government and community support eg. Family Service Centres, Social Service Office, ComCare or others						
<input type="checkbox"/> Yes, I am aware and have tapped on the support in the past.										
This is my first time applying for this Fund: <input type="checkbox"/> Yes <input type="checkbox"/> No										
Bank account details (if applicable)										
Account Holder name								Bank Name		
Branch Code				Bank Code				Account Number (pls omit dashes)		

Declaration by Applicant

1. I, the applicant, declare that the information provided in this application are true and correct, and that I have not wilfully withheld any material fact.
2. I have noted that I will be required to submit the supporting documents for verification and audit purposes. Failure to do so, will result in incomplete and unsuccessful application.
3. I understand that in the event that I am found to declare false information, I would be required to refund the full value of the one-off assistance.

Collection, Use and Disclosure of Personal Data

4. I consent to my personal data being collected, used and retained by The Law Society of Singapore for the purposes of: (a) processing, administering, verifying and managing my application for LawSoc-SBF Foundation Compassion Fund.
5. I consent to my personal data being disclosed to (a) my employer for purpose of obtaining my information relating to my employment and monthly salary, and disbursing the one-off financial assistance; (b) SBF Foundation for purpose of updating funds utilisation; and (c) authorised third party for audit purposes. I consent to my employer providing The Law Society of Singapore with information that The Law Society of Singapore may require to process my application.
6. I consent to be contacted by The Law Society of Singapore and SBF Foundation via email, text messages, calls and/or post for matters relating to my application as well as to obtain my opinion/feedback on such matters.
7. I understand the decision made by The Law Society of Singapore on the outcome of this application shall be final. If the application is successful, I will be informed via email approximately 3 weeks from date of application.

Name of Applicant

Signature of Applicant

Date

Eligibility Criteria

- a. Monthly gross salary \$3,400 and below
- b. Experiencing hardships due to sudden, unexpected crisis at personal or family level

And

Industry specific criteria of

- c. Sudden or expected crisis directly or indirectly due to COVID-19 pandemic
- d. Applicant is either:
 - a lawyer (whether self-employed or as a director, partner or in other categories of employment) of a Singapore law practice; or
 - an employee (including support staff) of a Singapore law practice
- e. Applicant is currently not receiving any support from government or community agencies for daily expenses e.g. transport, meals
- f. Priority will be given to Singaporeans and PRs
- g. Priority will be given to applicants who have not accessed same or similar support from Law Society and other trade associations

Supporting documents

- a. A copy of your most recent payslip
- b. Any relevant documents to provide evidence of hardship

For Official Use Only

A. To be completed by Preparer:

Date application received: _____

Tick if the verifications are completed:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Employer/company is a member of the Law Society of Singapore <input type="checkbox"/> HR has provided the details and endorsement on the application form <u>or</u> via email <input type="checkbox"/> Applicant has provided a copy of their supporting documents | <ul style="list-style-type: none"> <input type="checkbox"/> Applicant met primary criteria <input type="checkbox"/> Applicant met industry specific criteria <input type="checkbox"/> If applicable, other Association(s) has verified that employee has <u>NOT</u> successfully applied before, for other SBF Foundation Compassion Fund |
|---|--|

Recommendation for:

Application is **SUPPORTED / NOT SUPPORTED**

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Supported. Application met requirements | <ul style="list-style-type: none"> <input type="checkbox"/> <u>Not supported</u>. Application did not meet requirements (to specify): |
|--|--|

- Supported. Application did not meet requirements (to specify) but is supported due to (to specify reasons):

Applicant will be provided with information, via email, on other government and community resources as follows (to specify):

_____ (Name) _____ (Designation) _____ (Signature/Date)

B. To be completed by Reviewer and Approver:

Application is **APPROVED / NOT APPROVED**

Reviewed by:

_____ (Name) _____ (Designation) _____ (Signature/Date)

Approved by:

_____ (Name) _____ (Designation) _____ (Signature/Date)

C. To be completed by Finance:

Date of disbursement: _____

Payment prepared by:

_____ (Name) _____ (Designation) _____ (Signature/Date)

Payment approved by:

_____ (Name) _____ (Designation) _____ (Signature/Date)