

SABAH BANKING EMPLOYEES' UNION
P.O. BOX 11649
88818 KOTA KINABALU SABAH
TEL : 088-213830, FAX : 088-260860

PERSONAL DATA FORM	
Name of Member (According to NRIC)	
NRIC (New)	
Gender	Male () Female ()
Race	Malay () Chinese () Indian () Bumiputra- Kadazan Duzun, Sino-Kadazan, Bajau Etc ()
Date Of Birth	
Home Address	
Office Address	
Name of Bank	
Branch	
Position	Special Grade Clerical/ Clerical / Non- Clerical
Telephone Contact:	
Office	Fax NO :
Home/hanpdhone	
Email Address	
Present Salary	RM
Increment Date	January/ July
Date of Employment	

SABAH BANKING EMPLOYEES' UNION
HEADQUARTERS
Reg. Cert. No. 21

MEMBERSHIP APPLICATION FORM

Membership No:

Name in Full _____
(BLOCK LETTERS)

Identity Card No: _____ Gender : _____ Race: _____

Date of Birth : _____ Place of Birth : _____

Postal Address : _____

Residential Address : _____

Occupation : _____

Name of Employer : _____

Date of Employment : _____

Have you been a member of this Union before? : _____

Are you at present a member of any Trade Union and if so state the name of the Union?

Proposed By: _____ Membership No: _____

Seconded By: _____ Membership No: _____

I declare that the information given above is to the best of my knowledge and belief true.

I have read and fully understood the Constitution and Rules of the SABAH BANKING EMPLOYEES' UNION and undertake to abide by them and such additions and/or alterations thereto as maybe made from time to time.

I hereby authorize my paying officer to deduct from my salary all my dues to the union.

Date : _____

Signature of Applicant

FOR OFFICE USE ONLY

Name Of Branch : () Kota Kinabalu () Sandakan () Tawau (Lahad Datu)
() Labuan

Date Of Acceptance as Member : _____

Membership No : _____

Remarks : _____

Approved/Rejected

Branch Chairman

Membership confirmed at the _____ Meeting held

on _____

General Secretary

The Manager

Date :

Dear Sir,

RE : DEDUCTION OF TRADE UNION DUES

I, (Name) : _____

NRIC No: _____

Being a member of the Sabah Banking employees' Union shall be grateful, if you will deduct a sum of RM_____.00 being my union dues and remit the same to SBEU Headquarters at:

SABAH BANKING EMPLOYEES' UNION
P.O. BOX 11649
88818 KOTA KINABALU

Nothing in this consent letter shall preclude me from withdrawing my consent by serving the Bank Seven (7) days notice in writing exclusive of the day notice is served.

Thank you.

Signature : _____

Name : _____

Staff Account No: _____

c.c. SBEU Fax No : 088-260860