

# SHARE Programme

## Application Form

Community Chest  
 NCSS Centre  
 170 Ghim Moh Road #01-02 S279621  
 Tel 6210-2600  
 Fax 6468-4909  
 Hotline 6210-2635  
 Website [www.comchest.org.sg](http://www.comchest.org.sg)  
 Email [NCSS\\_Comchest@ncss.gov.sg](mailto:NCSS_Comchest@ncss.gov.sg)

Reaching Out, Changing Lives of more than 340,000 less fortunate in our community

Thank you for joining SHARE, the monthly donation programme of the Community Chest.  
 Please fill in your company's details for our record keeping. Upon completion, kindly mail this form to the address as stated above. You can also email the form to [esther.kong@ncss.gov.sg](mailto:esther.kong@ncss.gov.sg). All details given will be kept confidential by the Community Chest.

### Company Particulars

Company Name		Business/ Industry	
Address			Postal code
Country of Origin	<input type="checkbox"/> Local-owned <input type="checkbox"/> Foreign-owned <input type="checkbox"/> Government Linked	Financial Period	<input type="checkbox"/> Jan - Dec <input type="checkbox"/> Apr - Mar <input type="checkbox"/> _____
		Main Line _____	Fax _____
		Website _____	
Staff Strength	Donor Strength	CPF Employer Reference No. (if any)	Organisation Registration No.

### Company Representatives

<b>Chief Executive Name</b>	Mr/Ms/Dr/Mrs/Mdm	Designation
Tel (DID) / Fax		E-mail Address
<b>Managerial Personnel to oversee the organization's SHARE programme participation</b>		
Contact Person Name	Mr/Ms/Dr/Mrs/Mdm	Designation
Tel (DID) / Fax		E-mail Address
<b>Administrative Personnel to administer the organization's SHARE programme</b>		
Contact Person Name	Mr/Ms/Dr/Mrs/Mdm	Designation
Tel (DID) / Fax		E-mail Address

### Union Representatives (For Unionized Companies Only)

<b>Union Name</b>	Union Address
Representative Name Mr/Ms/Dr/Mrs/Mdm	E-mail Address
Tel (DID) / Fax	
<b>Union Name</b>	Union Address
Representative Name Mr/Ms/Dr/Mrs/Mdm	E-mail Address
Tel (DID) / Fax	
<b>Union Name</b>	Union Address
Representative Name Mr/Ms/Dr/Mrs/Mdm	E-mail Address
Tel (DID) / Fax	

### Promoting SHARE in your Organization

Please provide details below so that we can assist you in the promotion of SHARE in your Organization.

Platform used for management - staff communication	Shift Work (if any)	IT facilities available
<input type="checkbox"/> Use of internal e-mail system <input type="checkbox"/> Use of notice boards <input type="checkbox"/> Staff Dialogues	<input type="checkbox"/> Pay Slips <input type="checkbox"/> Newsletters <input type="checkbox"/> PA System	<input type="checkbox"/> 2 shifts <input type="checkbox"/> 3 shifts <input type="checkbox"/> _____
<input type="checkbox"/> Payroll System <input type="checkbox"/> Internet <input type="checkbox"/> Intranet		
Materials preferred for SHARE promotion & donor communication	Estimated number of pledge forms required	
<input type="checkbox"/> Hard copies <input type="checkbox"/> Soft copies	<input type="checkbox"/> Payroll forms <input type="checkbox"/> GIRO / Credit Card forms	
	_____	

### Employee SHARE (ES) Pledge

Please indicate your staff's commitment on their monthly donation.

Pledge Effective Date (MM/YYYY)	Contribution Method <input type="radio"/> CPF Board <input type="radio"/> Cheque <input type="radio"/> Direct Credit <input type="radio"/> GIRO
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### Corporate SHARE (CS) Pledge

If you choose to match your employees' contribution, please indicate your organization's commitment below.

Pledge Effective Date (MM/YYYY)	Contribution Method <input type="radio"/> CPF Board <input type="radio"/> Cheque <input type="radio"/> Direct Credit <input type="radio"/> GIRO
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Matching Ratio <input type="radio"/> \$1.00 CS for \$1.00 ES <input type="radio"/> \$2.00 CS for \$1.00 ES <input type="radio"/> \$0.50 CS for \$1.00 ES <input type="radio"/> \$0.00 CS for \$1.00 ES  Or Fixed Amount per month: _____
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### Get to Know About SHARE

Please indicate how you get to know about the SHARE Programme.

- NCSS website
- Received call from a SHARE Ambassador
- Received SHARE brochure
- Heard from colleagues / business associates
- Received call from ComChest

### Authorized Signatory

I, hereby confirm our organization's commitment to participate in the SHARE Programme.

\_\_\_\_\_  
Name / Signature

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Date