



Pei Hwa Presbyterian Primary
School Alumni Association

Pei Hwa Presbyterian Primary School (PHPPS) Alumni Association

7 Pei Wah Avenue, Singapore 597610
Tel. 64663787, 64663797 Fax. 64621944
Email: phppsalumni@gmail.com

REQUEST FORM FOR UPDATING OF MEMBER'S PARTICULARS

Please email your completed Request Form together with a photocopy of your front and back NRIC to **phppsalumni@gmail.com**. Please indicate **"PHPPS Alumni Request to Update Change of Address/Phone Number"** in the subject title.

Alternatively, you may submit your completed Request Form together with a photocopy of your front and back NRIC to:

**The Honorary Secretary
Pei Hwa Presbyterian Primary School Alumni
7 Pei Wah Avenue
Singapore 597610**

Kindly allow 3 months for processing, following which the Alumni will contact you on the outcome of your request.

For any enquiry, you may write in to phppsalumni@gmail.com

| Personal Particulars | | | |
|--|---|--|---|
| Name: (as in NRIC) <i>Please underline surname</i> | | | |
| NRIC Number: | | Membership Number: | |
| Request to Update: (Please Tick) | <input type="checkbox"/> Marital Status <input type="checkbox"/> Email Address <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Contact Number <input type="checkbox"/> Family Details | <input type="checkbox"/> Religion <input type="checkbox"/> Vocation & Industry |

Please update the information in the box accordingly:

| | |
|---|--|
| New Email Address: <i>Please write neatly</i> | |
| New Mailing Address: <i>(Please provide local address if residing overseas)</i> | |

| | | | |
|------------------|--|---|--|
| Religion: | | Marital Status: (Please Tick) | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
|------------------|--|---|--|

| Vocation & Industry Particulars | | | |
|---------------------------------|--|---------------|--|
| Occupation: | | Company: | |
| Designation: | | Job Industry: | |

| Family Details | | | |
|--------------------------------|--|----------------------|---|
| Name of Spouse: | | | |
| Spouse Occupation: | | Spouse Company: | |
| Spouse Designation: | | Spouse Job Industry: | |
| <u>Child 1</u> | | | |
| Name of Child: | | | |
| Date of Birth: (DD/MM/YYYY) | | Nationality: | |
| Birth Cert. No. | | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <u>Child 2</u> | | | |
| Name of Child: | | | |
| Date of Birth: (DD/MM/YYYY) | | Nationality: | |
| Birth Cert. No. | | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| <u>Child 3</u> | | | |
| Name of Child: | | | |
| Date of Birth: (DD/MM/YYYY) | | Nationality: | |
| Birth Cert. No. | | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |

| | | | |
|------------------------|--|--------------------------------------|--|
| Applicant's Signature: | | Date of Application: (DD/MM/YYYY) | |
|------------------------|--|--------------------------------------|--|

For Official Use

Date Received Request Form & Relevant Documents:
(DD/MM/YYYY) _____

| | | | |
|----------------|--|--------------------------------|--|
| Data Entry By: | | Date of Entry: (DD/MM/YYYY) | |
|----------------|--|--------------------------------|--|