

**PERSONAL PARTICULARS (个人资料)**

NAME (姓名) : \_\_\_\_\_

NRIC/ FIN NO (登记/身份证号码) : \_\_\_\_\_

D.O.B (生日) : \_\_\_\_\_

RACE(种族) : \_\_\_\_\_

RESIDENTIAL ADDRESS (住址) : \_\_\_\_\_  
\_\_\_\_\_

ACCOMODATION TYPE (住所类型) : \_\_\_\_\_

HOME TEL. (住家电话) : \_\_\_\_\_ HP (手机) : \_\_\_\_\_

OFFICE TEL. (办公室电话) : \_\_\_\_\_ EMAIL ADD (电邮地址) : \_\_\_\_\_

PREFERRED MODE OF CONTACT (首选的联系方式) : \_\_\_\_\_

EDUCATION LEVEL (教育程度) : \_\_\_\_\_

SPOKEN LANGUAGE (口语) : \_\_\_\_\_ WRITTEN LANGUAGE (书写语) \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL PARTICULARS IF ANY CHANGES (如有变化的医疗状况)**

TYPE OF DISABILITY (残疾类型) : \_\_\_\_\_ ONSET DATE (发病日期) : \_\_\_\_\_

OTHER MEDICAL CONDITONS (其它医疗信息) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREFERRED MODE OF CIRCULARS DELIVERY (关于通告的首选方式)**

EMAIL (电邮) : YES (是) / NO (否)

Mobile Device (SMS,Apps): YES (是) / NO (否)

**DECLARATION**

(1) I hereby give consent to Handicaps Welfare Association (HWA) for my data being used for the purposes of updating my membership details and membership administration.

(2) I declare that the information provided in this form and the attachments (if any) is true and correct.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

