



**FORM A**

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**TO: ADMIN DEPT**  
**FAX: 6827 6803**

**APPLICATION FORM FOR USING THE “SNEF BENEFIT DOLLAR”**

(Please make photocopies of this form or download from SNEF website at [www.sgeemployers.com](http://www.sgeemployers.com) for your company’s use)

Date: \_\_\_\_\_ Membership No: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Available Benefit \$ (before this application): \_\_\_\_\_

**This is to authorise SNEF to offset from the above available “benefit \$” against the following products purchased/subscription fees/services rendered to us:**

<u>Description of SNEF services</u>	<u>Fee/Cost</u>	<u>“Benefit \$” to offset</u>	<u>Balance Amt payable by company (State <u>Cheque No.</u>)</u>
_____	_____	_____	_____
_____	_____	_____	_____

**TERMS & CONDITIONS**

**We understand that we have to abide by the following conditions for the utilisation of the “benefit \$”:**

1. “Benefit \$” expires on **31 Mar 11**. No extension is allowed and it cannot be used for programs conducted after 31 Mar 11.
2. All debts owing by member at the time of utilisation has to be fully settled before “benefit \$” can be used.
3. Pls use separate Form A for each invoice. Form A must reach SNEF 2 weeks before the commencement date of program/service. Late submission of Form A will not be approved.
4. It is to be used for purchases/services transacted after the “benefit \$” has been credited.
5. It cannot be used for programmes with existing grants/subsidy/discounts/partnerships or are on promotional offer eg WSQ ESS, WHP, JRD, and IT Courses.
6. Submission of this form does not constitute approval of “benefit \$” application. A faxed reply of approval (stamped “confirmed” and signed) from SNEF is required.
7. SNEF reserves the right to cancel/withdraw any program/service or change the terms and conditions governing the use of the “benefit \$” at any time.

**Name/Designation of Authorised Person:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Company Stamp:** \_\_\_\_\_

**Confirmation (For Official Use Only)**

Approved

Rejected

Available Benefit \$: \_\_\_\_\_ (after this application)

Invoice Date: \_\_\_\_\_ Invoice No: \_\_\_\_\_ Issued by: \_\_\_\_\_