



Since 1867

新加坡永春会馆 ENG CHOON HWAY KUAN (SINGAPORE)

2026 年度新加坡永春会馆援助金申请表格

会员编号:

姓名 Chinese (中)		年龄 AGE	性别 SEX
Name English (英)			
国籍 Nationality	身份证号码 (最后4位数) NRIC No. (last 4 digits)	出生日期 Date of Birth	婚姻状况 Marital Status
地址 Address	邮区 Postal Code ()		
住家电话 Home No.	手机电话 Mobile No.	传真号码 Fax No.	
电邮 Email			
住屋类别 Type of Housing	<input type="checkbox"/> 1 Rm <input type="checkbox"/> 2 Rm <input type="checkbox"/> 3 Rm <input type="checkbox"/> 4 Rm <input type="checkbox"/> 5 Rm <input type="checkbox"/> E-Flat <input type="checkbox"/> Others		
社会福利部卡号码 Community Welfare Dept Card No.	同住人数 Household Size	工作状况 Job Status	
申请者家庭情况陈述 Applicant's family Status			

申请者签署声明 DECLARATION BY APPLICANT

谨此声明, 上述所填各项皆正确无讹。I hereby declare that the above information given are true and correct.

申请人签名与日期

Signature of Applicant & Date

本会专用
For Official
Use Only

批准 Approved

不批准 Not Approved

审查委员
评定

福利股主任签名
Head of Welfare Section' Signature

日期
Date

NO. 105 AMOY STREET #04-02 ENG CHOON HWAY KUAN (SINGAPORE) BUILDING SINGAPORE 069925

TEL : 6222-2610 FAX : 6227-3314

EMAIL : admin@engchoon.org.sg Website : www.engchoon.org.sg

申请援助金资格

1. 凡本会会员，家庭每月总收入不超过\$3,000.00 元，且居住在3 房式组屋或以下者皆可提出申请；

For all applicants, monthly gross household income **must not** exceed \$3,000.00 and those who stay in 3 room HDB flat or smaller units can apply;

2. 申请者必需附上家庭近期收入证明；
Clear photocopies of Monthly Salary Statement;

3. 每个家庭只接受一份申请表格；
Only One application form is accepted per household;

4. 获取社会及家庭发展部福利援助金者优先考虑；
Priority is given to those receiving assistance from the MSFD;

5. 每名获批准的申请者可得 \$400.00。
Each of the applicants once approved will be given \$400.00