

<b>For office use</b> Date Received: Other Remarks: ONE (SG) POC:
--

## Emergency Fund Request Form

ONE (SINGAPORE)'s Emergency Fund disburses money to assist low-income individuals and families in Singapore. The fund was established to help individuals who need assistance, but cannot find it elsewhere, or cannot obtain it in time. Please fill in all information as requested below and email it to [info@onesingapore.org](mailto:info@onesingapore.org) to ensure that we can assess your application quickly. Please write "Emergency Fund Application" in the subject heading.

### Submitter's Particulars

**Name:** \_\_\_\_\_ **Contact no.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Are you applying on behalf of yourself/your family or someone else?** \_\_\_\_\_

**If you are applying for someone else, please share the beneficiaries' details below.  
If you are applying for yourself or your family, please list a reference.**

**Name:** \_\_\_\_\_ **Contact no.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Monthly Income:** *(Please include the income of each family member / person benefiting from the application.)*

**Item(s) Requested:**

**Amount Required:**

**In the event that your application is approved, please provide us with the following information so that it can be quickly processed.**

- Our preferred mode of payment is a bank transfer to a DBS/POSB account, however we can also transfer to another bank or via PayNow.
- If you are requesting assistance with overdue bills, please include copies of all relevant bills. (Photos are acceptable)

**Address for delivery of in-kind donations, including groceries:**

**Bank Account or PayNow details for financial assistance:**

**Bank account name:**  
**Bank name:**  
**Account number:**

**Please note:** *The bank account name / PayNow name must match the beneficiary's name. If you are requesting a transfer to a different account (such as a family member), please state the name and relationship of this person to the beneficiary.*

**PayNow account name\*:**  
**Mobile number:**  
**or IC number:**

*\* PayNow account names often differ from the applicant's name. Please confirm correct name before submitting.*

**Why are you applying for assistance from ONE (SINGAPORE)? Could you please provide any background information that you think we should know, as well as details of the item requested. (You can add an additional page, if needed.)**

--	--

**Have you applied to another charity or government organisation for assistance with the above request? If so, when?**

**Have you previously applied to the ONE Emergency Fund for assistance? If so, please list the dates.**

--	--

**\*IMPORTANT NOTE:**

- The bank account name must match the bank account number
- The PayNow name must match the PayNow phone number
- If the account does not belong to the beneficiary, please state the relationship of the recipient to the beneficiary

**If the above is not submitted correctly, payment will not be processed.**

**Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.**

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