



*A technologically advanced nation, with empowered citizens, and a thriving digital economy*

**FORM III: APPLICATION FOR SEMSO/ADVANCE/REFUND/MEDICAL CLAIM**

Date:

1. Name of the member/beneficiary.....
2. GovTechWS membership Number.....
3. Applied for Semso claim: Death/Advance/Refund/Medical case (Tick the relevant one) of:

Name.....Citizenship ID No.....  
Member/dependent

4. Documents to be enclosed:
- Death certificate issued by the competent authority;
  - Medical referral documents issued by the competent authority in original.

I hereby declared that all the information provided herein is true and accurate.

Date:

**Signature of applicant**

**Verification by immediate controlling officer (member secretary)**

I hereby declare that the information provided by the applicant is true to the best of my knowledge.

Name.....Date.....Signature.....

Approved by:

(CHAIRMAN)  
GovTech SWS