

FairPrice On - NCSS Shop & Donate
Application Form - October 2018 Intake



Please complete all sections of the application form and submit to fob2b@fairprice.com.sg in interactive soft copy format (interactive excel or pdf format, not scanned copy).

1. General Information

Name of Organisation: _____

Branch Name (where applicable): _____

Delivery Address: _____
 _____ S(_____)

UEN Number: _____ **IPC Registered:** _____

Organisation Website: _____

Organisation Sector: _____
(Please mark 'X' in the selected box)

- Social & Welfare
- Education
- Health
- Religious
- Arts & Heritage
- Community
- Sports
- Others (Pls specify) - _____

IPC Charity Tier: _____
(Please mark 'X' in the selected box)

- Intermediate (Annual Receipt below \$500K)
- Enhanced (Annual Receipt between \$500K - \$10Mil)
- Advanced (Annual Receipt above \$10Mil)

Beneficiaries Profile Tags: _____
(Please mark 'X' in the selected box. You may select more than 1 tag.)

This tag may be used to categorise your charity on the website.

- Animal Welfare
- Arts & Heritage
- Children & Youth
- Community
- Disability
- Education
- Elderly
- Environment
- Families
- Health
- Humanitarian
- Social Service
- Sports
- Women & Girls

2. Shop & Donate Information Listing (THIS INFORMATION WILL BE LISTED ON THE FAIRPRICE WEBSITE)

List of groceries required (maximum 20 items):

S/N	Item	Brand	FairPrice On item weblink	Quantity required per month
e.g.	FairPrice Adult Diapers Ultra - M	FairPrice	https://www.fairprice.com.sg/FPPProductDisplay?storeId=10151&productId=3074	20
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Brief description of your organisation (capped at 200 words max). This information will be listed on the FairPrice website.:

What will the donated groceries be used for?

- Distributed to Beneficiaries
- Meals Provision within the day care centre / nursing home etc
- Pantry for Beneficiaries
- Events / Activity Programmes
- Others (Pls Specify) :

3. Contact Information

Contact Person 1

Name:

Designation:

Contact Number:

Email:

Contact Person 2

Name:

Designation:

Contact Number:

Email:

Date of Review:

For Official FairPrice On Use

Approval Status: **Approval By:**

If not approved, state reason: