# हिन्दी सोसाइटी (सिंगापुर)
**THE HINDI SOCIETY (SINGAPORE)**
**UEN NO. S90SS0117K**

**#09-04,11 Irving Place, Tai Seng Point**
**Singapore 369551, Tel: 62933449 Fax: 62466350**
**Email:hindi@hindi-society.com Website:www.hindi-society.com**

## INTERNAL TRANSFER FORM- WEC/ISPP

### FOR ADMIN/TEACHER'S USE ONLY

CURRENT CENTRE / ISPP  :-------------------------------------------------------------------------------------------------------

DESIRED CENTRE : ----------------------------------------------------------------------------------------------------------------

DESIRED PARALLEL SCHOOL:-------------------------------------------------------------------------------------------------

LEVEL  : ----------------------------------          DATE OF TRANSFER: ----------------------------(DD/MM/YY)

FEES PAID TILL : --------------------(MM/YY)

### PART I · STUDENT'S PARTICULARS

### PLEASE FILL UP THE FORM IN BLOCK LETTERS

1.  STUDENT'S NAME (AS PER NRIC / FIN  ) : ----------------------------------------------------------------------

2.  NRIC / FIN NO : ------------------------------------------------------          GENDER : ( M /F )----------------------

3.  STUDENT'S RESIDENTIAL STATUS :S'PORE CIT / S'PORE PR / DEP PASS / STUD  PASS

    OTHERS (PLEASE SPECIFY):----------------------------------------------------

4.  DATE OF BIRTH :   --------/--------/----------          COUNTRY OF BIRTH : ------------------------------------------
    (DD/MM/YY)

5.  NAME OF THE MAINSTREAM SCHOOL: ----------------------------------------------------------------------------

6.  NAME OF THE WEEKEND CENTRE: ---------------------------------------------------------------------------------

7.  LEVEL IN SCHOOL: --------------------------------------------------------------------------------------------------------

## PART II - PARENT'S PARTICULARS

7. PARENT'S/GUARDIAN'S NAME: MR /MRS ————————————————————————————

8. PARENT'S/GUARDIAN'S RESIDENTIAL STATUS:  **S'PORE CIT / S'PORE PR / EP** /OTHERS

9. RESIDENTIAL ADDRESS:  BLK/H NO.—————————— ,      UNIT NO————————————

   BUILDING———————————————— , STREET : ————————————————

   SINGAPORE, POSTAL CODE————————————————

10. TEL NO: HOME ————————————FATHER (HP) ———————————— MOTHER (HP)————————

11. [ ]   I ACKNOWLEDGE THAT I HAVE READ ALL THE ABOVE GIVEN INFORMATION PROPERLY.
I AGREE THAT THE GIVEN PERSONAL PARTICULARS ARE ACCURATE AND CORRECT TO THE BEST OF
MY KNOWLEDGE .

PARENT'S / GUARDIAN'S SIGNATURE: ———————————————— DATE: ————————————(DD/MM/YY)

## TRANSFER DETAILS- TO BE FILLED BY THE PARENT

I _____, PARENT OF THE STUDENT _____ HEREWITH WISH TO

TRANSFER  MY CHILD FROM CURRENT WEC/PARALLEL SCHOOL _____TO

DESIRED WEC/PARALLEL SCHOOL_____W.E.F_____(DD/MM/YY)

REASON FOR TRANSFER: _____

NAME: _____          SIGNATURE: _____

DATE : _____(DD/MM/YY)

 **Parallel Hindi Programme available in over 67 Primary and Secondary schools, please visit our website
www.hindi-society.com for more information.**

*Speak Hindi – If you don't use it, you will lose it*

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### THE HINDI SOCIETY (SINGAPORE)
### PERSONAL DATA PROTECTION ACT CONSENT FORM

1.    In compliance with the Personal Data Protection Act ("**PDPA**"), The Hindi Society (Singapore) (HS) seeks your consent to **collect and use your personal data (i.e. Name, NRIC, contact numbers, mailing and email addresses, etc.) in order to maintain HS's registry of members, students and staff and to disclose such personal data to HS affiliated organisations where necessary** ("**Purposes**").

2.    By signing this form, I agree that you may collect, use and disclose my personal data in accordance with the Personal Data Protection Act 2012 and your data protection policy (available at your website). I have or will periodically visit your website for further details on your data protection policy, which also set out how I may access and correct my personal data or withdraw consent to the collection, use or disclosure of my personal data.

3.    I hereby give my acknowledgement and consent to HS to use my personal data in accordance with their prevailing PDPA Policy statement. In the event that I have registered my Singapore telephone numbers(s) with the Do Not Call Registry and wish to withhold or withdraw my consent to HS in respect of receiving telephone calls and/or SMS, I shall provide sufficient written notice to HS of it as soon as reasonably practicable. I further agree to indemnify HS against any financial penalties imposed by the Personal Data Protection Commission or any court of law in Singapore as a direct or indirect result of my failure to inform HS of my registration with the Do Not Call Registry.

4.    ☐    I agree that my consent will remain in place until my withdrawal by officially notifying HS in writing at dpo@hindi-society.com.

**Name of the Parent**      : _____
                                      **(Full Name as in NRIC)**

**Contact No.**                 : _____

**Email**                           : _____

**Signature**                     : _____

**Date**                            : _____