



BUKIT BATOK PRESBYTERIAN CHURCH
21 BUKIT BATOK STREET 11
SINGAPORE 659673
TEL 6569-9030

Please
paste a
passport
size photo
HERE

MEMBERSHIP BY TRANSFER

Full Name:(Dr/Mr/Miss/Mdm) _____
(As in I/C)

Address: _____

_____ **Postal Code :** _____

Email Address: _____

Home Tel. No: _____ **Mobilephone No:** _____

Country of Birth: _____ **Citizenship:** _____

Occupation: _____ **Month & Year of Birth:** _____

Marital Status : _____ **Date of Marriage :** _____

Spouse's Name : _____
(As in I/C)

Name of children **Age**

1) _____

2) _____

3) _____

Church Baptised In : _____ **On (date) :** _____

Church which you are transferring from : _____

How long have you been worshipping in BBPC? _____

Please share with us your reasons for wanting to transfer to Bukit Batok Presbyterian Church _____

NOTE: If applicant is below 16 years of age, this form has to be co-signed by a

Parent or Guardian: _____ **(name & signature)**

**** By signing below, I give consent to the collection & processing of my personal information for the purpose of applying for MEMBERSHIP TRANSFER to BBPC.**

Date: _____ **Applicant's Signature:** _____