



63A Chartwell Drive, Singapore 558758, Tel 6280 6076

**APPLICANT**

Name in NRIC: underline Surname				Male/Female
Date of birth:		Place of birth:		
Address:				
Contact No.:	Home:		Mobile:	
Email:				
Profession: <small>If student, do indicate the name of school</small>				

I am enrolling for RCIY because:	
Have you been exposed to the Catholic Faith?	Yes / No If yes, how?
Will you be able to commit to this process every Sunday from 10.15am-12nn?	Yes / No If no, reason:

**IMPORTANT PDPA NOTICE:**

<p>The Church of St Francis Xavier ("the Church") safeguards all personal data collected through any ministry, parish, commission, or activity, in accordance with the Singapore Personal Data Protection Act 2012 ("PDPA").</p> <p>In compliance with the PDPA and by signing this form, I agree and consent to the collection, receipt, processing, disclosure, storage and use of all my personal data and all such data submitted to the Church for the purpose of processing and administration of the abovementioned.</p>
---

I certify the above information is true to the best of my knowledge and acknowledge and agree to abide with the guidelines and PDPA notice.

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

**PARENT'S/GUARDIAN'S CONSENT (For those below 21 years old)**

Parent's/ Guardian's Name:		Signature:	
----------------------------------	--	------------	--