



63A Chartwell Drive, Singapore 558758, Tel 6280 6076

APPLICANT

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

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 10.30am-12.30pm?	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:</p> <p>(a) The collection, storage, retention, adaptation, modification, reading, retrieval, use, transmission, blocking, erasure or destruction ("Processing") of the personal data provided by me in this Form ("Personal Data");</p> <p>(b) The church entity processing my Personal Data for the purpose of my registration for this programme by the church entity.</p> <p>(c) SFX taking photos, videos or audio recordings which may contain my image/audio and may be used for archival purposes, on SFX's website, publications and for publicity purposes.</p>
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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:	
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