

Confidential Omegatrend Member Interest Form

Yes! I'm interested to find out more about how I can benefit as an Omegatrend Member for using the Services of HSBC Insurance.

I want to know more about ...

- | | |
|---|--|
| <input type="checkbox"/> Retirement Income Planning | <input type="checkbox"/> Education Funding |
| <input type="checkbox"/> Takaful Investments | <input type="checkbox"/> Ensuring Adequate Medical Insurance |
| <input type="checkbox"/> CPF Investment Planning | <input type="checkbox"/> Others (please specify) _____ |

Personal Details

Title and Full Name: _____

Sex: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married

Date of Birth: _____

I/We are an ☐ Omegatrend Member or ☐ Sanden Brook Consumer

Membership No.: _____ NRIC No.: _____

Residential Address: _____

Email Address: _____ Occupation: _____

Contact Numbers: (Office) _____ (Residence) _____ (Mobile) _____

Signed: _____ Date: _____

I would like to introduce...

Title and Full Name: _____

Sex: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married

Date of Birth: _____

I/We are an ☐ Omegatrend Member or ☐ Sanden Brook Consumer ☐ Not Member

Residential Address: _____

Email Address: _____ Occupation: _____

Contact Numbers: (Office) _____ (Residence) _____ (Mobile) _____

Alfred Chia, BSc, FChFP
Certified Financial Planner^{CM}
Representing
HSBC Insurance (S) Pte Ltd

6884 4645 (OFF) 6884 4600 (FAX)

Once completed, please fax this form to 6884 4600.

Note: By signing this form you are giving permission for a representative from HSBC Insurance (S) Pte Ltd to contact you to discuss your financial and insurance needs.