

Please fax completed form to SMMA 6294 1891. Thank you.

新加坡五金机械公会会员丧事填报表  
SMMA MEMBER OBITUARY INFORMATION FORM

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1 公司名称, 电话:  
Company Name and Tel: \_\_\_\_\_

2 代表人姓名:  
Name of Representative: \_\_\_\_\_

3 代表人职位:  
Position of  
Representative in Company: \_\_\_\_\_

4 死者姓名:  
Name of Deceased: \_\_\_\_\_

5 直属关系:  
Relation to Deceased: \_\_\_\_\_

6 享年几岁:  
Age of Deceased: \_\_\_\_\_

7 死亡日期:  
Date of Death: \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

8 出殡日期, 时间:  
Date & Time that Cortege Leaves: \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

9 火化 / 安葬地点:  
Crematorium / Cemetery: \_\_\_\_\_

10 联络人姓名, 电话:  
Name and tel of Person to contact: \_\_\_\_\_

11 丧居:  
Location of Funeral Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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日期 DATE

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签名 / 公司盖章 SIGNATURE / COMPANY CHOP