**CLAIM FORM**

**FOR NTUC Company Training Committee (CTC) Grant**

(Claims will be accepted via this claim form in the interim until the online system is ready)

The Claim Form consists of 6 sections:

* Section 1: Applicant-employer details
* Section 2: Summary of claim documents
* Section 3: Claim details
  + Consolidated list of approved components purchased with payment details;
  + Invoices or Delivery Orders incurred within the funding period; and
  + Proof of Payment (Bank Statements or Receipts)
* Section 4: Outcome details
  + Outcome report endorsed by the CTC’s NTUC / Worker Representative(s); and
  + Supporting documents for the worker outcome(s)
* Section 5: Bank details
* Section 6: Declaration by Applicant-employer

Applicant-employers are reminded to read through the document carefully. You should:

1. Furnish all required information and supporting documents, as incomplete submission will render the claim invalid;
2. Ensure information and supporting documents are accurate before proceeding to submit your claim submission; and
3. Complete mandatory fields indicated by asterisk (\*) in the sections below.

Applicant-employers are required to submit claims within <1 month> after LOA end date.

**SECTION 1 of 6 – APPLICANT-EMPLOYER DETAILS**

|  |  |
| --- | --- |
| **APPLICANT-EMPLOYER INFORMATION** | |
| Unique Entity Number  (UEN) of Organisation: \* |  |
| Full Name of Organisation (as per ACRA/ROS): \* |  |
| Letter of Award (LOA) / Addendum Reference Number: \* |  |
| Total employment size excluding office bearers or other personnel listed on public records of ACRA/ROS: \* |  |
| **APPLICANT-EMPLOYER’S PARTICULARS** | |
| Full Name of Contact Person (as per NRIC): \* |  |
| Designation of Contact Person: \* |  |
| Contact Number of Contact Person: \* |  |
| Email Address of Contact Person: \* |  |

**SECTION 2 of 6 – SUMMARY OF CLAIM DOCUMENTS**

Applicant-employers are required to submit following list of claim documents.

e2i reserves the right to request for additional documents as may be specified and deemed necessary by e2i to process the claim submitted by Applicant-employer.

|  |  |  |
| --- | --- | --- |
| **S/N** | **LIST OF CLAIM DOCUMENTS** | **HOW TO SUBMIT?** |
| **For all projects** | | |
| 1 | Consolidated list of approved components purchased with payment details | Complete Section 3 of this Claim Form |
| 2 | Invoices or Delivery Orders incurred within the funding period | Attach the documents in Section 3 of this Claim Form |
| 3 | Proof of Payment (Bank Statements or Receipts) | Attach the documents in Section 3 of this Claim Form |
| 4 | Outcome report endorsed by the CTC’s NTUC / Worker Representative(s) for both enterprise and worker outcomes, showing list of workers impacted and achieved worker outcomes  (Note: Please find the Outcome Report Template [here](https://e2i.com.sg/ctc/)) | Attach the documents in Section 4 of this Claim Form |
| **For all projects in reference to committed and achieved worker outcome(s)** | | |
| 5 | Wage increment:   * Payslip (for month of approval and latest 3 months at time of claims); and * CPF Form 90^ (for month of approval and latest 3 months at time of claims) | Attach the documents in Section 4 of this Claim Form |
| 6 | Implementation and communication of Career Development Plan (CDP) to staff:   * Developed CDP * Proof of communication (e.g. publication on Applicant-employer’s staff handbook, website); and * CPF Form90^ (for month of approval and latest 3 months at time of claims) | Attach the documents in Section 4 of this Claim Form |

**^ Note: Where project duration is more than 15 months, Applicant-employer will submit the earliest available CPF Form 90 in lieu of CPF Form 90 for month of approval. However, if the latest CPF Form 90 provided does not show the wage increment outcome, the Grantee will be deemed not to have met the deliverables.**

**SECTION 3 of 6 – CLAIM DETAILS**

Please fill in the table below the consolidated list of approved components purchased with payment details. Please also attach the corresponding invoices / delivery orders incurred within the funding period, and proof of payment (e.g. bank statements / receipts) for each purchased component.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Purchased component as approved in LOA** | **Final qty.** | **Total cost excluding GST (S$)** | **Name of vendor** | **Date of invoice** | **Invoice no.** | **Attach Invoice / Delivery Order** | **Date of bank statements / receipts** | **Attach Proof of Payment (e.g., bank statements / receipts)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Grand total cost incurred** |  |  |  |  |  |  |  |  |

**SECTION 4 of 6 – COMMITTED AND ACHIEVED WORKER OUTCOME DETAILS**

Please attach the relevant documents as indicated in the table below. Where and if applicable, please consolidate and attach the documents as a single zip file in the table below.

The submitted documents must commensurate with the list of workers impacted and their corresponding achieved worker outcomes.

|  |  |
| --- | --- |
| **DOCUMENTS FOR OUTCOME DETAILS** | **ATTACHMENTS (where applicable)** |
| Outcome report endorsed by the CTC’s NTUC / Worker Representative(s) for both enterprise and worker outcomes, showing list of workers impacted and achieved worker outcomes (please find the outcome report template [here](https://e2i.com.sg/ctc/)) \* |  |
| Supporting documents for wage increment: payslip and CPF Form 90 (for month of approval and latest 3 months at time of claims) |  |
| Supporting documents for CDP: Developed CDP, proof of communication (e.g. publication on Applicant-employer’s staff handbook, website), and CPF Form 90 (for month of approval and latest 3 months at time of claims) to verify that worker is employed by the Applicant-employer |  |

**SECTION 5 of 6 – BANK DETAILS**

In order for e2i to reimburse the Applicant-employer, please provide the following bank details.

|  |  |
| --- | --- |
| **APPLICANT-EMPLOYER’S BANK DETAILS** | |
| Grantee Name with Bank: \* |  |
| Bank Name: \* |  |
| Branch Code: \* |  |
| Bank Code: \* |  |
| Account No.: \* |  |
| Email (to send Payment Advice to): \* |  |

**SECTION 6 of 6 – DECLARATION BY APPLICANT-EMPLOYER**

Please declare the following.

|  |  |
| --- | --- |
|  | By ticking, I hereby declare that the information provided in this claim form is truthful and accurate, and will be used by e2i to evaluate this claim submission for the NTUC CTC Grant. I am authorised to complete and submit this claim submission on behalf of my organisation. |
|  | By ticking, I hereby declare that my organisation’s total employment size (excluding office bearers or other personnel listed on public records of ACRA/ROS) based on past 3 months has not increased by more than 50%. |
| **If Applicant-employer is unable to tick any of the checkboxes above, please provide the reasons. (up to 1,000 words)** | |
|  | |

|  |  |
| --- | --- |
| **SIGN OFF BY A SENIOR MANAGEMENT OF THE APPLICANT-EMPLOYER (E.G. OWNER, CHAIRMAN, PRESIDENT, DIRECTOR, MD, ED, CEO, COO, GM) \*** | |
| **Signature:** | **Salutation & Name:** |
| **Designation:** |
| **Date**: |

**FOR OFFICIAL USE ONLY**

Date received by

Grant Management Officer: