

Membership Form

(for Shoppers World Privilege Card)

Title*	Surname/Last Name*	First Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred Name on Card (20 characters max)*

Address*	City*
<input type="text"/>	<input type="text"/>

Postal Code*	Country *
<input type="text"/>	<input type="text"/>

NRID/NRIC/FIN*	Mobile No *
<input type="text"/>	<input type="text"/>

Date of Birth*	Blood Group *
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Citizenship*	Home / Office Contact
<input type="text"/>	<input type="text"/>

Gender*	Marital Status*
<input type="checkbox"/> Male	<input type="checkbox"/> Married
<input type="checkbox"/> Female	<input type="checkbox"/> Unmarried
	<input type="checkbox"/> Others

Email*

Designation*

Income Level*

I would like to receive information on promotions and offers from Shoppers World via?

☐ SMS / PHONE

☐ EMAIL

How did you learn about the Shoppers World?*

☐ ADVERTISEMENT / NEWS ARTICLES

☐ BROCHURS

☐ E-NEWSLETTERS

☐ EVENTS

☐ FRIENDS / RELATIVES

☐ OTHER WEBSITES

☐ I have read and agree to Shoppers World Membership Terms & Conditions.