



Yes! I would like to share SNTC Trust services with my friend(s).

My Personal Details:

Referrer's Name: _____

Mobile / Contact no: _____ Email address: _____

1st Referral's Details:

Caregiver Name: _____

Mobile / Contact no: _____ Email address: _____

Relation to Person with Special Needs: _____

Age of Person with Special Needs: _____ Form of disability: _____

2nd Referral's Details:

Caregiver Name: _____

Mobile / Contact no: _____ Email address: _____

Relation to Person with Special Needs: _____

Age of Person with Special Needs: _____ Form of disability: _____

***Please return completed form to Email: enquiries@sntc.org.sg or Fax: 62707936**

In sending us the details of the referred persons by email (to enquiries@sntc.org.sg) or fax (to 62707936), you are confirming that we can disclose your name to them and you further confirmed that you have obtained their expressed or implied consent for us to contact them via email, phone and/or SMS.

You can be assured that the above information provided to us will not be shared with parties outside of SNTC. Please be assured that we are not soliciting for business but the purpose of our contact with your referrals is to share our services for the community of persons with special.