



Seventh-Day Adventist Corporation (M) Berhad (248857-D)

Community Services Department

22-1, Jalan 2/114, Kuchai Business Centre,
Jalan Kuchai Lama, 58200 Kuala Lumpur, Malaysia

Tel: 03-7984 7795

FAX: 03-7984 4600

Web-site: www.adventist.org.my

Community Services Charity Application Form no. CS/MND/0509 Ref. no.: _____

APPLICATION FORM FOR APPLYING CHARITY HELP FROM ADVENTIST COMMUNITY SERVICES FUND/RECYCLE FUND

The application form is issued to anyone who needs charity help. They are worthy poor and needy. Application form must be filled completely by the applicant. The information provided should be true and correct. Applicants must also obtain the names and signatures of two referees to certify that the information given is true. Referee should be a citizen of good and regular standing in Malaysia society. Please return this form to Adventist Community Services Department within three weeks time after the day of issued.

Investigation into the circumstances and financial background of the applicant will be carried out from all sources deemed necessary by the centre. Applicant should allow representatives of the centre to obtain any information from any source that it may require in connection with this application without reference to the applicant. Applicant should allow the information to be put up on church networks and newspapers or any media channel.

This application form remains the property of Adventist Community Services Department regardless of the outcome of the application. Adventist Community Services Department reserves the right to approve or reject this application without disclosing any reason.

Charity application form was issued on: _____

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CHARITY APPLICATION FORM

APPLICANT'S INFORMATION

Name of Applicant: _____ I.C. no. _____ Sex: _____

Address of Applicant: _____

_____ Tel. No.: (H) _____ Hand phone no.: _____

Occupation of applicant: _____ Tel. No.: (O) _____

Company Name & Address: _____

Monthly gross income: RM _____ Other Allowances/ Income: RM _____

FAMILY DATA

Name of Spouse: _____ Age: _____ Tel. No. (O) _____

Occupation of Spouse: _____ Monthly Income: RM _____

Company Name & Address: _____

Name of Father: _____ Age: _____ Tel. No. (O) _____

Occupation of Father: _____ Monthly Income: RM _____

Company Name & Address: _____

Name of Mother: _____ Age: _____ Tel. No. (O) _____

Occupation of Mother: _____ Monthly Income: RM _____

Company Name & Address: _____

Application Form (Cont. P.3)

NUMBER OF CHILDREN/SIBLINGS: (If number of names more than the space provided beneath, please write at the back of this form.)

Name: _____	Age: _____	Occupation: _____	Income: RM _____
Name: _____	Age: _____	Occupation: _____	Income: RM _____
Name: _____	Age: _____	Occupation: _____	Income: RM _____
Name: _____	Age: _____	Occupation: _____	Income: RM _____
Name: _____	Age: _____	Occupation: _____	Income: RM _____
Name: _____	Age: _____	Occupation: _____	Income: RM _____

MONTHLY LIVING EXPENSES:

House payment/ Rental: RM _____	Insurance: RM _____
Utilities bills : RM _____	Installment Payment: RM _____
Car Payment : RM _____	Transport Expenses: RM _____
Clothing & Food : RM _____	Monthly Medical Expenses: RM _____
Child Care : RM _____	SOSCO monthly Deduction: RM _____

ASSETS OWNED:

House /Apartment worth: RM _____ Motorbike worth: RM _____

Model of Car / Van/ lorry/vehicle: _____ How many years: _____

Model of the Second Car/Van: _____ How many years: _____

General Description of House /Apartment: _____

Description of Event:

Date: _____ Time: _____

Amount of Charity that applicant is requesting: RM _____

I, _____ with NRIC No. _____ am requesting this application to the Adventist Community Services Fund/Recycle Fund.

I affirm that the above information is true and correct. I also authorize you or your representatives to obtain any information from any source that you may require in connection with this application without referring to me. This application form remains the property of Adventist Community Services Department regardless of the outcome of this application without assigning any reason. I allow the information to be accessible network of church and published on newspapers or any media channel.

Date: _____ Signature of Applicant: _____

Please submit the following items together with the application form:
Applicant’s photo, a photocopy of applicant’s I.C. or a photocopy of applicant’s birth certificate, two copies of the family’s current water & electrical bills & applicant’s current salary slips or EA form. (Copies of medical bills or receipts for medical assistance requisition.)

Referee's Information

Note: Applicant must provide the names of two referees to support the application. Referee should be a citizen of good and regular standing in the Malaysia society and should not be related to the applicant.

First Reference

I hereby certify that the applicant is poor and needs charity help.

Name: _____ NRIC No. _____

Address: _____

_____ Tel. No. _____ HP no. _____

Profession / Occupation: _____

Official Stamp:

Do you have any relationship to the applicant? _____ Yes _____ No

Signature: _____ Date: _____

Witnessed By: Name: _____ NRIC No. _____

Address: _____

_____ Tel. No. _____

Profession/Occupation: _____

Signature: _____ Date: _____

Referee's Information

Note: Applicant must provide the names of two referees to support the application. Referee should be a citizen of good and regular standing in the Malaysia society and should not be related to the applicant.

Second Reference

I hereby certify that the applicant is poor and needs charity help.

Name: _____ NRIC No. _____

Address: _____

_____ Tel. No. _____ HP no. _____

Profession / Occupation: _____

Official Stamp:

Do you have any relationship to the Applicant? _____ Yes _____ No

Signature: _____ Date: _____

Witnessed By: Name: _____ NRIC No. _____

Address: _____

_____ Tel. No. _____

Profession/Occupation: _____

Signature: _____ Date: _____

For Office Use Only

This page is to be filled by Community Services Director.

Beneficiary / Charity Check list:

Name of Recipient: _____ Ref. no. _____

Description of Event:

Date: _____ Time: _____

General Loss/Need:

Reported by: _____ Date: _____

Case submitted to Administrative Council on: _____

Result of the Decision from the Administrative Council:

_____ Yes, approved. Amount Approved: RM _____ _____ No, not approved.

Date: _____

Applicant's acknowledgement of amount received.

Name of recipient:
Amount Received: RM
Signature:
Date:

Community Services Director:

Signature:
Name:
Date:

1st Witness:

Name:
Signature:
Date:

2nd Witness:

Name:
Signature:
Date: