

| Part I Victim | 's Personal Information |
|----------------------|-------------------------|
| Full Name | |
| NRIC/Passport No. | |
| Date of Birth | Gender |
| Place of Birth | Nationality |
| | |
| Part II Benef | iciary's Information |
| Full Name | |
| NRIC/Passport No. | |
| Date of Birth | Gender |
| Place of Birth | Nationality |
| | |
| Postal Address | |
| | |
| | |
| | Postal Code |
| Residential | |
| Address | |
| | |
| | Postal Code |
| Telephone | home Mobile |
| | Office |
| Facsimile | Email |



Part III Household Income

| Annual Household Income Before Tax | RM | |
|------------------------------------|----|--|
| | | |
| Additional Incomes: | | |
| Pension | RM | |
| Family Business | RM | |
| Rental/ Real Estate Holdings | RM | |
| Interests/ Dividends | RM | |

Individuals In Household

Please list the names and the relationships below:

| | Name | Relationship | Age | Occupation |
|-----|------|--------------|-----|------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Additional Expenses

| | Descriptions | Amount |
|----|--------------|--------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |



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|---|---------------|---|----------|---|------------|---|----|-----|----|---|
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| _ | | | A V | _ | | | | | | _ |
| | | • | | | _ | | | U | | _ |

| • | n that I have read and agreed to the financial aid. | ne terms and conditions attached to this |
|---|--|--|
| • | 9 | is accurate and true. I understand that wal or termination of the financial aid |
| | | Date: |
| Dort VI Coor | dinator's Varification | |
| Part VI Coor | dinator's Verification | |
| Is the amount of need? Potential confliction | of financial aid applied proportionate and j | Yes No justifiable by the applicant's |
| Coordinator's Name | | |
| Coordinator's NRIC No. | | |
| Telephone | home | Mobile |
| Date of Visit | | |
| Supporting Docum | nents Checklist: | |
| □ 1 co □ 1 co □ 1 co □ 1 co | pies of photo py of beneficiary's Identity Card py of letter of employment py of tax returns/ EA form py of salary slip py of electricity/water bill | Medical report (when necessary) Marriage certificate Children's birth certificate Endorsement letter (Optional) |



| Part V | I Ap | proval |
|--------|------|--------|
|--------|------|--------|

| (| C | 0 | n | S | e | n | ti | n | g | D | ir | e | ct | 0 | rs |
|---|---|---|---|---|---|---|----|---|----|---|-----|---|----|---|----|
| | | | | _ | | | • | | О. | | ••• | | _ | _ | |

| | Name | Signature | Date |
|----|------|-----------|------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Dissenting Directors

| | Name | Signature | Date |
|----|------|-----------|------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |