



Adventist Community Services

Operated by:

SEVENTH-DAY ADVENTIST CORPORATION (MALAYSIA) BHD

(248857-D)

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

Tel: 03-7984 7795

Email: acs@adventist.org.my

CHARITY APPLICATION GUIDELINES

Community Service Charity Application Form No.:

ACS/CAF2/

Ref. No.

APPLICATION FORM FOR APPLYING CHARITY HELP FROM ADVENTIST COMMUNITY SERVICES 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 (2) referees to certify that the information given is true. Referee should be a citizen of good and regular standing in Malaysia society with aged 21 and or above. Please return this form to Adventist Community Services Department within three (3) 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 to 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.

Please submit the following items together with the application form:

- 1) Applicant's photo;
- 2) A photocopy of applicant's NRIC or a photocopy of applicant's birth certificate;
- 3) Two (2) copies of the family's current water and electrical bills; and
- 4) Applicant's current salary slips or EA form.

(Copies of medical bills or receipts for medical assistance requisition.)

Charity Application Form was issued on:

06-Dec-17



SEVENTH-DAY ADVENTIST CHURCH

Adventist Community Services

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CHARITY APPLICATION FORM 2

Applicant's Details

Name: Gender:

NRIC: Age:

Address:

Tel. No.: (H) Tel. No.: (O) Mobile No.:

Occupation:

Company Name & Address:

Monthly gross Income (RM):

Other Allowances/Income (RM):

Name of Spouse: Age: Mobile No.:

Spouse's Occupation: Monthly Income (RM):

Company Name & Address:

Name of Father: Age: Mobile No.:

Father's Occupation: Monthly Income (RM):

Company Name & Address:

Name of Mother: Age: Mobile No.:

Mother's Occupation: Monthly Income (RM):

Company Name & Address:

Number of Children / Siblings (If number of names more than space provided beneath, please write in a blank paper)

1) Name:	<input type="text"/>	Age:	<input type="text"/>	Occupation & Income (RM):	<input type="text"/>
2) Name:	<input type="text"/>	Age:	<input type="text"/>	Occupation & Income (RM):	<input type="text"/>
3) Name:	<input type="text"/>	Age:	<input type="text"/>	Occupation & Income (RM):	<input type="text"/>
4) Name:	<input type="text"/>	Age:	<input type="text"/>	Occupation & Income (RM):	<input type="text"/>
5) Name:	<input type="text"/>	Age:	<input type="text"/>	Occupation & Income (RM):	<input type="text"/>
6) Name:	<input type="text"/>	Age:	<input type="text"/>	Occupation & Income (RM):	<input type="text"/>

Monthly Living Expenses (RM)

House payment / Rental:	<input type="text"/>	Insurance:	<input type="text"/>
Utilities Bills:	<input type="text"/>	Installment Payment:	<input type="text"/>
Car Payment:	<input type="text"/>	Transport Expenses:	<input type="text"/>
Clothing & Food	<input type="text"/>	Monthly Medical Expenses:	<input type="text"/>
Child Care:	<input type="text"/>	SOSCO monthly Deduction:	<input type="text"/>

Assets Owned

House / Apartment worth (RM):	<input type="text"/>	Motorbike worth (RM):	<input type="text"/>
Model of Car / Van / Lorry / Vehicle:	<input type="text"/>	How many years:	<input type="text"/>
Model of the Second Car / Van:	<input type="text"/>	How many years:	<input type="text"/>
General Description of House/Apartment:	<input type="text"/>		

Description of Event

Date:	<input type="text"/>	Time:	<input type="text"/>
What Happened:	<input type="text"/>		
Amount of Charity that applicant is requesting (RM):	<input type="text"/>		

Declaration

I, with NRIC No. am requesting this application to the Adventist Community Services Charity 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 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:	<input type="text"/>	Signature of Applicant:	<input type="text"/>
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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.: H/P No.:

Profession / Occupation:

Official Stamp / Address:

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.: H/P No.:

Profession / Occupation:

Official Stamp / Address:

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 Adventist Community Services Director of PEM.

Beneficiary / Charity Check list:

Name of Recipient: Ref. No.

Description of Event:

Date: Time:

What Happened:

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:

Acknowledgement

Applicant's:

Name of recipient:

Amount Received:

Signature:

Date:

1st Witness:

Name:

Date:

Signature:

Community Services Director:

Name:

Date:

Signature:

2nd Witness:

Name:

Date:

Signature: