

1. Eligibility

The National Kidney Foundation of Malaysia (NKF) is a non-profit charity organization established in 1969. It offers affordable and quality dialysis treatment to needy patients through generous funding by individuals, groups and corporate bodies. In 2016 it launched the NKF Peritoneal Dialysis Subsidy Programme to provide financial assistance to poor Malaysians with renal failure to have access to peritoneal dialysis treatment. The amount of financial assistance given depends on their financial status as assessed by the NKF Welfare Department. All applications are strictly assessed through interviews, home visits and the review of documents submitted by applicants.

Applicants are subject to the following **Terms and Conditions**:

- Are Malaysian citizens;
- **Are referred by Nephrologists from NKF accredited Peritoneal Dialysis centres.**
- If receiving financial assistance from other sources, must reveal the sources and amounts of assistance;
- Are prepared to appear before the Patient Selection and Welfare Committee of NKF if necessary prior to being considered for financial assistance;
- Must agree to home visits by the NKF Welfare Officers with a view to verifying all information given;
- Are prepared to pay a portion of the fees for the treatment as determined by the Chief Executive Officer of NKF;
- Are prepared to be reviewed by NKF Welfare Officers as and when necessary at the discretion of NKF with regard to their eligibility to continue to receive the PD subsidy.

2. Mandatory Documents for Submission by Applicant and Family Members

1. Complete family information sheet – Appendix;
2. Clear photocopies of Identity Cards (ICs) of the applicant and family members who are above 12 years old;
3. Clear photocopies of birth certificates of all family members below 12 years of age;
4. Latest pay slips, EPF statements and Income Tax returns of the applicant and all family members aged 18 years and above;
5. Applicant or household members who are mentally or physically incapacitated are required to provide a doctor's letter (dated within 6 months) and/or registration card from the Department of Social Welfare;
6. Family members who currently require treatment or long-term care – attach doctor's letter (dated within 6 months) as supporting document;

7. For the main applicant only:

- **Recent passport size photo;**
- Latest comprehensive medical report;
- Recommendation letter from Nephrologist of NKF accredited Peritoneal Dialysis centre;
- Quotation from medical supplier.

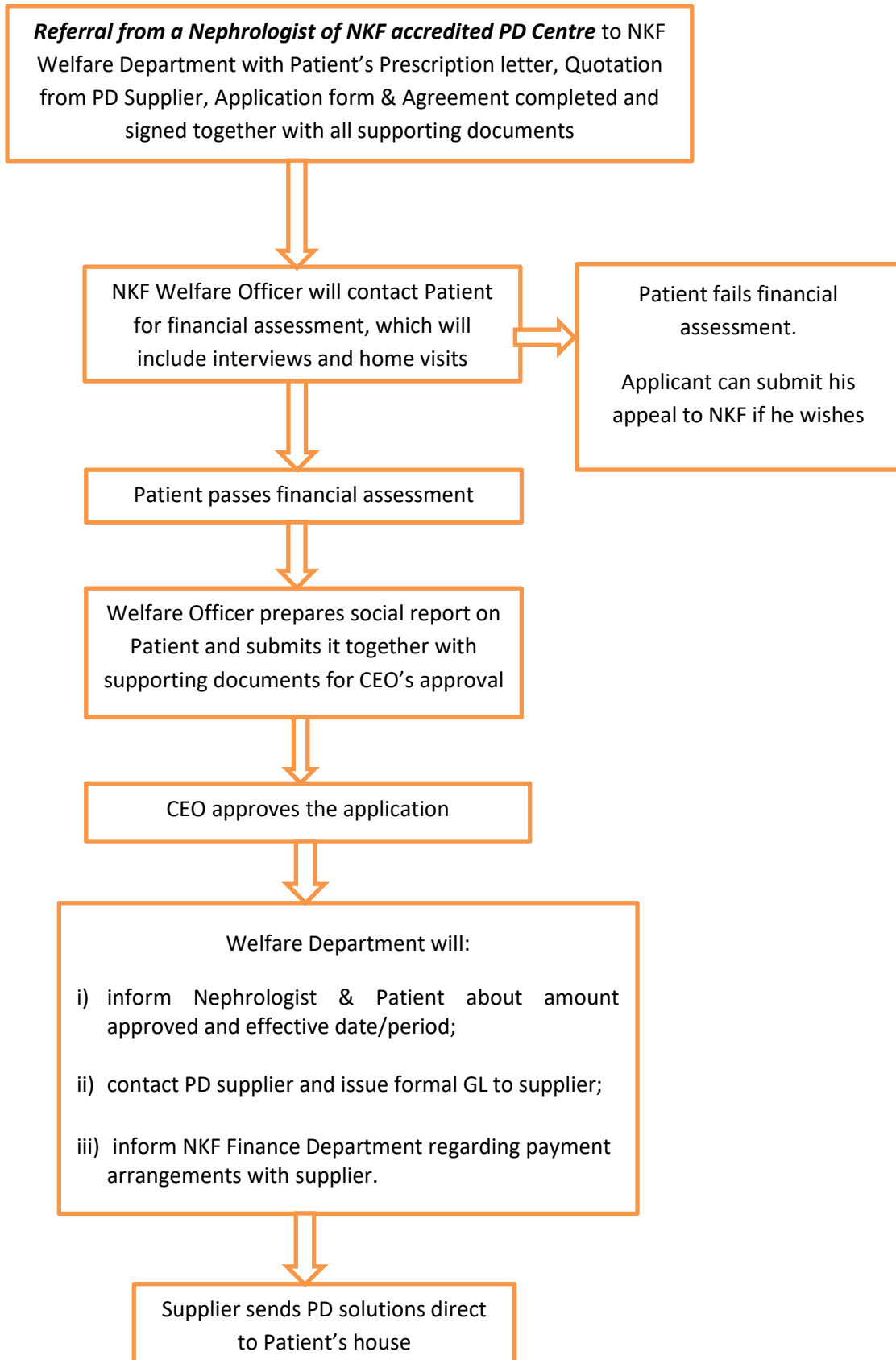
8. House photos – front (from roof to floor), sitting room and kitchen;

9. Agreement for Admission into NKF PD Subsidy Programme – signed by Applicant and Witness.

Applicant's family members who are not staying together:

1. Complete family information sheet – Appendix;
2. Clear photocopies of ICs of members who are 12 years old and above;
3. Clear photocopies of birth certificates of members below 12 years of age.

NKF PERITONEAL DIALYSIS SUBSIDY WORKFLOW



APPLICATION FORM FOR PERITONEAL DIALYSIS SUBSIDY BORANG PERMOHONAN UNTUK SUBSIDI DIALISIS PERITONEAL

1. Personal Information / Maklumat Peribadi

1. Full Name (Mr/Mrs/Miss/Ms/Madam) / Nama Penuh (<i>Encik/Puan/Cik</i>): _____	Photo
2. Address / <i>Alamat</i> : _____ _____	
3. Nationality / <i>Warganegara</i> : _____ 4. Ethnic Group/ <i>Keturunan</i> : _____	
5. NRIC No. / <i>No. Kad Pengenalan</i> : _____	
6. Date of Birth / <i>Tarikh Lahir</i> : _____ 7. Age / <i>Umur</i> : _____	
8. Sex / <i>Jantina</i> : _____ 9. Occupation/ <i>Pekerjaan</i> : _____	
10. Marital Status / <i>Taraf Perkahwinan</i> <input type="checkbox"/> Single/ <i>Bujang</i> <input type="checkbox"/> Married/ <i>Berkahwin</i> <input type="checkbox"/> Widowed / <i>Duda</i> <input type="checkbox"/> Divorced/ <i>Janda</i> <input type="checkbox"/> Separated/ <i>Tinggal Berasingan</i>	
11. Tel No. / <i>No. Tel</i> : _____ Email: _____	
12. Next of Kin / <i>Waris</i> : _____ Tel No. / <i>No. Tel</i> : _____	

2. Employment Information / Maklumat Pekerjaan

Current Status: <input type="checkbox"/> Employed Full-Time/ <i>Bekerja Sepenuh Masa</i> <input type="checkbox"/> Employed Part-time / <i>Bekerja Separuh Masa</i> <input type="checkbox"/> Self – Employed / <i>Bekerja Sendiri</i> <input type="checkbox"/> Retired / <i>Bersara</i> <input type="checkbox"/> Unemployed / <i>Menganggur</i>
Present Occupation / <i>Pekerjaan Sekarang</i> : _____
Monthly Income / <i>Pendapatan Bulanan</i> : _____
Name of Employer / <i>Nama Majikan</i> : _____
Tel. No. / <i>No. Tel.</i> : _____
Address of Employer / <i>Alamat Majikan</i> : _____
If unemployed, please state / Jika tidak bekerja, sila nyatakan:
Since (date) / <i>Sejak (tarikh)</i> : _____
Reason / <i>Sebab</i> : <input type="checkbox"/> Deemed unfit by doctor / <i>disahkan oleh doctor tidak boleh bekerja</i> <input type="checkbox"/> Too ill to work / <i>terlalu sakit untuk bekerja</i> <input type="checkbox"/> Not able to find work / <i>tidak dapat kerja</i>
Other reasons (specify)/ <i>Sebab lain (nyatakan)</i> : _____
Previous Employment / <i>Pekerjaan Dahulu</i> : _____
Last Drawn Salary / <i>Gaji Terakhir</i> : _____
Name of Supporter / <i>Nama Penyara</i> : _____

3. Educational Background / Latar Belakang Pendidikan

Level <i>Peringkat</i>	Name of School <i>Nama Sekolah</i>	Year <i>Tahun</i>	Exam Passed <i>Kelulusan</i>
Primary / Rendah			
Secondary / Menengah			
Pre-U / Pra-Universiti			
Other / Lain-lain			

4. Family* Information / Maklumat Keluarga

No.	Name Nama	Relationship Hubungan	Staying Together Tinggal Bersama; State/ sebut YES / YA	Not staying together State, Where Jika Tidak Tinggal Bersama, Sebut Di Mana	Age Umur	Occupation Pekerjaan	Monthly Income** Pendapatan Bulanan	Marital Status Taraf Perkahwinan	No of Children Jumlah Anak	Age of Children Umur Anak	Contribution to Applicant Sumbangan Kepada Pemohon (RM)

* includes all family members related by blood, marriage and/or legal adoption who are staying and not staying together.

** monthly income refers to basic income, allowances, cash awards, commissions and bonuses.

5. Total Monthly Household Income & Expenditure

(Household Income is defined here as income of family members living together)

Jumlah Pendapatan & Perbelanjaan Isi Rumah Sebulan

(Pendapatan isi rumah ialah pendapatan semua ahli keluarga yang tinggal bersama)

INCOME / PENDAPATAN	RM
1. Personal Income / <i>Pendapatan Sendiri</i>
2. Other Household Family Income / <i>Pendapatan Ahli-ahli Keluarga Serumah</i>
3. Contributions From Relatives Outside Household / <i>Sumbangan Dari Saudara-mara</i>
4. Others (Please specify) / <i>Lain-lain (Nyatakan)</i>
5. Invalidity Pension/ <i>Pencen Ilat</i>
.....
.....
TOTAL INCOME / JUMLAH PENDAPATAN	

EXPENDITURE / PERBELANJAAN	RM
1. EPF Contribution (<i>Sumbangan KWSP</i>) / SOCSO Deductions (<i>Potongan SOCSO</i>) / Income Tax (<i>Cukai Pendapatan</i>)
2. Food (including baby food) / <i>Makanan (termasuk makanan bayi)</i>
3. Rental (home / shop) / <i>Sewa (rumah / kedai)</i>
4. Instalment for house loan / <i>Ansuran pinjaman rumah</i>
5. Instalment for vehicle loan / <i>Ansuran pinjaman kenderaan</i>
6. Telephone Bill / <i>Bil Telefon</i>
7. Utilities (water / electricity) / <i>Bil Air & Elektrik</i>
8. Schooling Expenses / <i>Perbelanjaan Persekolahan</i>
9. Working Members' Expenses (petrol / bus fare / food) / <i>Perbelanjaan Ahli-ahli Keluarga yang bekerja (petrol / tambang bas / makanan)</i>
10. Entertainment / <i>Hiburan (Astro, etc)</i>
11. Domestic Helper (Maid) / <i>Pembantu Rumah</i>
12. Others (Please specify) / <i>Lain-lain (Nyatakan) / EPO</i>
.....	
.....	
TOTAL EXPENDITURE / JUMLAH PERBELANJAAN	

BALANCE / BAKI	
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6. Type of Accommodation / Jenis Kediaman (Please tick / Sila tandakan)

- Own / *Sendiri* Rent / *Sewa*
- Others (Specify) / *Lain-lain (Nyatakan)* _____
- Fully Paid / *Bayaran Penuh* On Installment / *Bayaran Ansuran*: RM _____

Commenced payment from _____ (Year) until _____ (Year) (Attach loan agreement/ loan approval)

Tempoh bayaran bermula daripada _____ (Tahun) sehingga _____ (Tahun)
(Lampirkan surat perjanjian/kelulusan pinjaman)

- Low Cost Flat / *Rumah Pangsa* Single Storey Terrace/*Teres Setingkat*
- Double Storey Terrace / *Teres Dua Tingkat* Shop House / *Rumah Kedai*
- Rumah Panjang / *Long House* Squatter / *Rumah Setinggan*
- Apartment (Pangsapuri) / *Condominium (Kondominium)*
- Village House / *Rumah Kampong* Bungalow / *Banglo*

7. Assets / Aset (Please tick at the relevant boxes only / Sila tanda di petak yang berkenaan sahaja)

- Other properties besides current accommodation / *Harta benda selain dari kediaman sekarang*
- Other houses / *Rumah lain* Shophouse / *Kedai* Factory / *Kilang*
- Building / *Bangunan* Land / *Tanah* Farm/Plantation/*Kebun/Ladang*
- Type / *Jenis* : _____

- Fully Paid / *Bayaran Penuh* On Instalment / *Bayaran Ansuran* RM _____
- Commenced payment from _____ until _____ (Attach loan agreement/loan approval)
- Tempoh bayaran bermula dari _____ sehingga _____*
(Lampirkan surat perjanjian/kelulusan pinjaman)

- Own vehicle / *Kenderaan sendiri*
- Motorcycle / *Motosikal* Car / *Kereta* Van Bus / *Bas* Lorry / *Lori*
- Model / *Model* : _____ Year / *Tahun* : _____
- Fully Paid / *Bayaran Penuh* On instalment / *Bayaran Ansuran* :
- Commenced payment from _____ (Year) until _____ (Year) (Attach loan agreement/approval)
- Tempoh bayaran bermula dari _____ (Tahun) hingga _____ (Tahun)* (Lampirkan surat perjanjian / kelulusan pinjaman)

- Own Shares / *Saham Sendiri* Value of Shares / *Nilai Saham* : RM _____
- Bank Account / *Akaun Bank* Type / *Jenis* _____ Amount / *Jumlah* : RM _____
- Others (Specify) / *Lain-lain (Nyatakan)*:

8. Every applicant is **required** to attach supporting documents – latest income tax assessment / Form J/ EA Form, latest EPF statement, letter from employer certifying salary and details of ownership of property. **The admission process will be delayed if the patient fails to submit the required documents of himself and family members.**

Setiap pemohon **dikehendaki** mengemukakan dokumen yang berkaitan bagi setiap nama yang dinyatakan – borang cukai pendapatan terkini / Borang J / Borang EA, penyata KWSP terkini, surat dari majikan menyatakan gaji bulanan dan maklumat harta. Proses pengambilan pesakit akan ditangguhkan jika pemohon dan ahli keluarga gagal mengemukakan dokumen yang dikehendaki.

Please tick (v) at the relevant boxes ONLY / Sila tandakan (v) di petak yang berkenaan SAHAJA

<input type="checkbox"/>	Latest Income Tax Assessment/Form J/EA Form (<i>Borang Cukai Pendapatan /Borang J/Borang EA terkini</i>)				
<input type="checkbox"/>	Patient / <i>Pesakit</i>	<input type="checkbox"/>	Spouse / <i>Suami /Isteri</i>	<input type="checkbox"/>	Children / <i>Anak-anak</i>
<input type="checkbox"/>	Sibling / <i>Adik-beradik</i>	<input type="checkbox"/>	Parents / <i>Ibu bapa</i>		
<input type="checkbox"/>	Latest EPF Statement / <i>Penyata KWSP terkini</i>				
<input type="checkbox"/>	Patient / <i>Pesakit</i>	<input type="checkbox"/>	Spouse / <i>Suami /Isteri</i>	<input type="checkbox"/>	Children / <i>Anak-anak</i>
<input type="checkbox"/>	Sibling / <i>Adik-beradik</i>	<input type="checkbox"/>	Parents / <i>Ibu bapa</i>		
<input type="checkbox"/>	Latest payslip or letter from employer stating salary / <i>Surat dari majikan atau slip gaji terkini</i>				
<input type="checkbox"/>	Patient / <i>Pesakit</i>	<input type="checkbox"/>	Spouse / <i>Suami /Isteri</i>	<input type="checkbox"/>	Children / <i>Anak-anak</i>
<input type="checkbox"/>	Sibling / <i>Adik-beradik</i>	<input type="checkbox"/>	Parents / <i>Ibu bapa</i>		
<input type="checkbox"/>	Latest Savings/Fixed Deposit/Current /Bank/Passbook/Statement (<i>Penyata akaun tetap/Simpanan</i>)				
<input type="checkbox"/>	Patient / <i>Pesakit</i>	<input type="checkbox"/>	Spouse / <i>Suami /Isteri</i>	<input type="checkbox"/>	Children / <i>Anak-anak</i>
<input type="checkbox"/>	Sibling / <i>Adik-beradik</i>	<input type="checkbox"/>	Parents / <i>Ibu bapa</i>		
<input type="checkbox"/>	Others (Please specify) / Lain-lain (Nyatakan): _____				

I am receiving financial assistance from other charity organization(s) / *saya sedang menerima bantuan kewangan daripada badan amal yang lain:*

No / Tidak Yes / Ya

If yes, please specify name of organization(s)/sponsor(s)/sekiranya ya, sila nyatakan nama organisasi / penaja:

Amount / *Jumlah* : RM _____ per month/*sebulan*

DIALYSIS TREATMENT INFORMATION / *Maklumat Rawatan Dialisis*

Referred by Nephrologist (name)/ *Nama pakar Nefrologi yang merujuk:*

Hospital: _____

Date of first dialysis treatment / *Tarikh rawatan dialisis pertama:* _____

Type of Peritoneal Dialysis / *Jenis Dialisis Peritoneal:*

Continuous Ambulatory Peritoneal Dialysis (CAPD) Automated Peritoneal Dialysis (APD)

9. DECLARATION – I declare that / PENGAKUAN – Saya mengaku bahawa:

- a) All the particulars given in this form are true and I have not withheld or falsified any information required.
Semua maklumat yang diberi dalam borang ini adalah benar dan saya tidak menyembunyikan atau memalsukan sebarang maklumat yang dikehendaki.
- b) I am aware that if I had suppressed or given any incorrect information, NKF reserves the right to discontinue providing financial assistance to me immediately.
Saya sedar bahawa sekiranya saya menyembunyikan atau memberi maklumat yang palsu, NKF berhak menamatkan subsidi saya dengan serta-merta.
- c) It is my responsibility to inform NKF immediately if my PD treatment is stopped for some reason. If I do not inform NKF in time, I will be responsible for the payment of the supplies to the supplier from the date of the termination of my PD treatment.
Adalah tanggungjawab saya untuk memberitahu NKF dengan serta-merta sekiranya rawatan PD saya dihentikan atas sebab-sebab tertentu. Sekiranya tidak, saya adalah bertanggungjawab untuk membayar kos bekalan ubatan PD kepada pembekal dari tarikh rawatan PD saya ditamatkan.
- d) It is my responsibility to inform NKF immediately if I have more than two (2) months' supply of PD solutions at any time.
Adalah tanggungjawab saya untuk memberitahu NKF dengan serta-merta sekiranya stok ubatan rawatan PD saya berlebihan dua (2) bulan pada bila-bila masa.
- e) NKF reserves the right to discontinue providing financial assistance to me immediately if I am not compliant to my PD treatment and to the terms and conditions above.
NKF berhak menamatkan subsidi PD saya dengan serta-merta sekiranya saya tidak mematuhi jadual rawatan PD saya dan kepada terma dan syarat di atas.
- f) It is my responsibility to apply for the continuation of the NKF PD subsidy, if necessary, at least one month before the expiry of the current approval period, with all the necessary documents. *Adalah tanggungjawab saya untuk memohon penyambungan subsidi PD NKF, sekiranya perlu, sekurang-kurangnya satu bulan sebelum tempoh kelulusan semasa tamat, beserta semua dokumen yang perlu.*

NB/Penting: Incomplete forms/applications will not be considered / Permohonan yang tidak lengkap tidak akan diberi pertimbangan.

Patient's Signature / Right Thumb Print

Tandatangan / Cap Jari Kanan Pesakit

Date / Tarikh:

Witnessed by / disaksikan oleh:

Name / Nama:

Relationship / Tali Persaudaraan:

Date / Tarikh:

**AGREEMENT FOR ACCEPTANCE OF THE
PERITONEAL DIALYSIS (PD) SUBSIDY OF THE
NATIONAL KIDNEY FOUNDATION OF MALAYSIA (NKF)**

**PERJANJIAN UNTUK PENERIMAAN SUBSIDI DIALISIS PERITONEAL (PD)
YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA (NKF)**

I _____ No KP: _____
representing myself / patient named _____
No KP: _____, hereby agree that my/his/her PD treatment will be
subsidised **wholly/partially** by the National Kidney Foundation of Malaysia (NKF) for a period of
twelve (12) months, and will comply with the following requirements:

*Adalah saya _____ No K.P: _____
mewakili diri saya /pesakit bernama _____
No K.P: _____, bersetuju bahawa rawatan saya / pesakit akan
dibiayai sepenuh/sebahagiannya oleh Yayasan Buah Pinggang Kebangsaan Malaysia (NKF) bagi
tempoh dua belas (12) bulan dan akan mematuhi syarat - syarat berikut:-*

[Tick where relevant]/[tandaikan yang berkaitan]:

- Agree to pay for part of the cost of PD treatment, that is, RM _____ per month directly to the supplier;
Bersetuju membayar sebahagian kos rawatan PD sebanyak RM _____ sebulan terus kepada pembekal;
- Medical report /referral letter / prescription form from Nephrologist of NKF accredited PD centres /*Laporan perubatan/surat rujukan/borang preskripsi daripada pakar Nefrologi pusat PD yang diakreditasikan oleh NKF;*
- Family Information Form / *Borang Maklumat Keluarga;*
- Copies of the latest income tax returns of applicant and family members / *Salinan borang Cukai Pendapatan terkini pemohon dan semua ahli keluarga;*
- Copies of the latest EPF statements of applicant and family members / *Salinan penyata KWSP terkini pemohon dan semua ahli keluarga;*
- Copies of the latest payment slips from employers of the applicant and family members / *Salinan slip gaji terkini daripada majikan bagi pemohon dan ahli keluarga;*
- Copies of fixed deposits, savings accounts or bank statements of the applicant and family members / *Salinan penyata akaun tetap, simpanan atau bank pemohon dan ahli keluarga;*
- Copies of electricity, water, telephone and Astro bills/*Salinan bil elektrik, air, telefon & Astro;*
- Photographs of patient's house – front (from roof to floor), hall & kitchen/*Gambar rumah pesakit – depan (dari bumbung ke lantai), ruang tamu & dapur;*

I understand that if I/patient fail to comply with the conditions above, or give incorrect/incomplete information, NKF reserves the right to discontinue the PD subsidy to me / patient without prior notice. *Saya faham bahawa sekiranya saya/pesakit gagal mematuhi syarat - syarat di atas, atau memberi maklumat yang tidak tepat atau lengkap, NKF berhak menghentikan subsidi rawatan PD kepada saya / pesakit tanpa sebarang notis.*

I understand that the approval of the NKF PD subsidy is for one (1) year only, and it is my / patient's responsibility to reapply for the continuation of my/his subsidy at least one (1) month before the expiry of the current approval period, with all the necessary documents (pay slips, EPF/Income tax statements, utility bills, etc.) of myself/his and family members, and my/his Nephrologist's referral letter with the medical report. *Saya faham bahawa kelulusan subsidi PD NKF adalah bagi tempoh satu (1) tahun sahaja, dan saya/pesakit bertanggungjawab untuk memohon penyambungan subsidi itu sekurang-kurangnya satu (1) bulan sebelum tempoh kelulusan semasa tamat, dengan mengemukakan semua dokumen yang perlu (slip gaji, penyata KWSP/cukai pendapatan, bil utiliti, dll.) bagi diri dan ahli keluarga, beserta surat rujukan dan laporan perubatan daripada pakar Nefrologi.*

I understand that I/patient am/is responsible for any delay in the processing of my/his application due to insufficient documents. *Saya faham bahawa saya/pesakit bertanggungjawab terhadap sebarang kelewatan dalam pemprosesan permohonan saya/beliau kerana kekurangan dokumen.*

Signed by Patient / Representative

Ditandatangani oleh Pesakit/wakil

Name / Nama: _____

Date / Tarikh: _____

Signed by Witness*

*Ditandatangani oleh Saksi**

Nama / Name : _____

Date / tarikh: _____

Relationship [*tick where relevant]:
Hubungan [*tanda yg berkaitan] /

- Husband / *Suami*
- Wife / *isteri*
- Son/daughter / *Anak*
- Mother / *Ibu*
- Father / *Bapa*
- Sister/brother / *Adik beradik*
- Others/*Lain-lain (nyatakan)* _____

Signed and stamped for and on behalf of NKF

Ditandatangani & cop untuk dan bagi pihak NKF

Date / tarikh: _____

DUPLICATE



AGREEMENT FOR ACCEPTANCE OF THE
PERITONEAL DIALYSIS (PD) SUBSIDY OF THE
NATIONAL KIDNEY FOUNDATION OF MALAYSIA (NKF)

PERJANJIAN UNTUK PENERIMAAN SUBSIDI DIALISIS PERITONEAL (PD)
YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA (NKF)

I _____ No KP: _____
representing myself / patient named _____
No KP: _____, hereby agree that my/his/her PD treatment will be
subsidised **wholly/partially** by the National Kidney Foundation of Malaysia (NKF) for a period of
twelve (12) months, and will comply with the following requirements:

Adalah saya _____ No K.P: _____
mewakili diri saya /pesakit bernama _____
No K.P: _____, bersetuju bahawa rawatan saya / pesakit akan
dibiayai sepenuh/sebahagiannya oleh Yayasan Buah Pinggang Kebangsaan Malaysia (NKF) bagi
tempoh dua belas (12) bulan dan akan mematuhi syarat - syarat berikut:-

[Tick where relevant]/[tandaikan yang berkaitan]:

- Agree to pay for part of the cost of PD treatment, that is, RM _____ per month directly to the supplier;
Bersetuju membayar sebahagian kos rawatan PD sebanyak RM _____ sebulan terus kepada pembekal;
- Medical report /referral letter /prescription form from Nephrologist of NKF accredited PD centres /*Laporan perubatan/surat rujukan/borang preskripsi daripada pakar Nefrologi pusat PD yang diakreditasi oleh NKF;*
- Family Information Form / *Borang Maklumat Keluarga;*
- Copies of the latest income tax returns of applicant and family members / *Salinan borang Cukai Pendapatan terkini pemohon dan semua ahli keluarga;*
- Copies of the latest EPF statements of applicant and family members / *Salinan penyata KWSP terkini pemohon dan semua ahli keluarga;*
- Copies of the latest payment slips from employers of the applicant and family members / *Salinan slip gaji terkini daripada majikan bagi pemohon dan ahli keluarga;*
- Copies of fixed deposits, savings accounts or bank statements of the applicant and family members / *Salinan penyata akaun tetap, simpanan atau bank pemohon dan ahli keluarga;*
- Copies of electricity, water, telephone and Astro bills/*Salinan bil elektrik, air, telefon & Astro;*
- Photographs of patient's house – front (from roof to floor), hall & kitchen/*Gambar rumah pesakit – depan (dari bumbung ke lantai), ruang tamu & dapur;*

I understand that if I/patient fail to comply with the conditions above, or give incorrect/incomplete information, NKF reserves the right to discontinue the PD subsidy to me / patient without prior notice. *Saya faham bahawa sekiranya saya/pesakit gagal mematuhi syarat - syarat di atas, atau memberi maklumat yang tidak tepat atau lengkap, NKF berhak menghentikan subsidi rawatan PD kepada saya / pesakit tanpa sebarang notis.*

I understand that the approval of the NKF PD subsidy is for one (1) year only, and it is my / patient's responsibility to reapply for the continuation of my/his subsidy at least one (1) month before the expiry of the current approval period, with all the necessary documents (pay slips, EPF/Income tax statements, utility bills, etc.) of myself/his and family members, and my/his Nephrologist's referral letter with the medical report. *Saya faham bahawa kelulusan subsidi PD NKF adalah bagi tempoh satu (1) tahun sahaja, dan saya/pesakit bertanggungjawab untuk memohon penyambungan subsidi itu sekurang-kurangnya satu (1) bulan sebelum tempoh kelulusan semasa tamat, dengan mengemukakan semua dokumen yang perlu (slip gaji, penyata KWSP/cukai pendapatan, bil utiliti, dll.) bagi diri dan ahli keluarga, beserta surat rujukan dan laporan perubatan daripada pakar Nefrologi.*

I understand that I/patient am/is responsible for any delay in the processing of my/his application due to insufficient documents. *Saya faham bahawa saya/pesakit bertanggungjawab terhadap sebarang kelewatan dalam pemprosesan permohonan saya/beliau kerana kekurangan dokumen.*

Signed by Patient / Representative

Ditandatangani oleh Pesakit/wakil

Name / Nama: _____

Date / Tarikh: _____

Signed by Witness*

*Ditandatangani oleh Saksi**

Nama / Name : _____

Date / tarikh: _____

Relationship [*tick where relevant]:

Hubungan [*tanda yg berkaitan] /

- Husband / *Suami*
- Wife / *isteri*
- Son/daughter / *Anak*
- Mother / *Ibu*
- Father / *Bapa*
- Sister/brother / *Adik beradik*
- Others/*Lain-lain (nyatakan)* _____

Signed and stamped for and on behalf of NKF

Ditandatangani & cop untuk dan bagi pihak NKF

Date / tarikh: _____