

**APPLICATION FORM FOR NKF KIDNEY TRANSPLANT SUBSIDY PROGRAMME****Kidney Transplant Medical Screening and Cadaveric Kidney Transplant****1. Eligibility**

The National Kidney Foundation of Malaysia (NKF) is a non-profit charitable organization established in 1969. Besides offering highly subsidised and quality dialysis treatment to **needy patients** through generous funding by individuals, groups, and corporate bodies it also reached out to those planning or who have undergone a kidney transplant in Malaysia.

In 2023, it launched the NKF Kidney Transplant Subsidy Programme to provide financial assistance to low-income and middle-income Malaysians with chronic kidney disease or end-stage renal disease to have access to kidney transplants. The NKF Kidney Transplant Subsidy for medical screening is an exception with a universal subsidy without the strict means test to expedite pre-kidney transplant workup and not miss the kidney transplant surgery date scheduled earlier. The cadaveric kidney transplant subsistence has this exception too. The amount for this medical screening subsidy is limited to not more than RM 3,000/- package and cadaveric kidney transplant subsistence RM 1,000/-. However, this subsidy is not for high-income patients who are to afford their own medical expenses. This is consistent with NKF initiatives to promote kidney transplants in Malaysia.

**2. The applicant is subject to the following Terms and Conditions:**

- Malaysian citizens;
- Referred by a Nephrologist from a government hospital;
- If receiving financial assistance from other sources, must reveal the sources and amounts of assistance.
- Exclude applicants from high-income strata (T20)

**3. Referral & Submission Process:**

- Referred by the Nephrologist at a Government Hospital - **Medical Summary Referral (Form A)**
- Complete the family information sheet – **Form B**;
- **Clear photocopy of the Identity Card of the Applicant and Donor;**
- **Quotation from the medical service provider or Photocopy of Bank Account Number for EFT**

**4. The completed application (Form A, Form B & Quotation) be sent to or inquiry from:**

**NKF Welfare Department,  
C-23-3A, 3 Two Square,  
2, Jalan 19/1,  
46300, Petaling Jaya,  
Selangor.**

**Telephone No: 03-79420052**

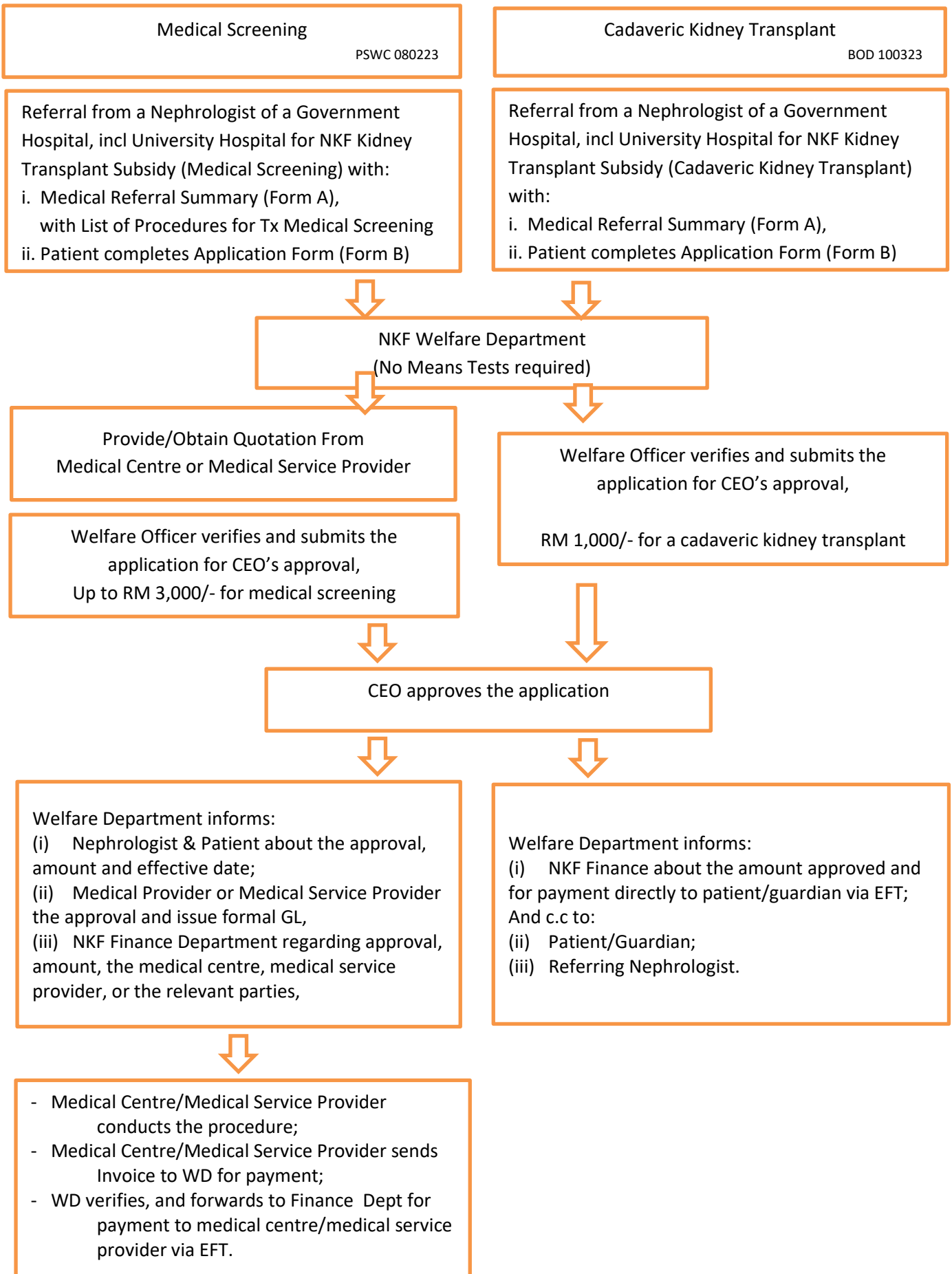
**03-79540119**

**E-mail: [welfare@nkf.org.my](mailto:welfare@nkf.org.my)**

**5. This NKF Kidney Transplant medical screening application form can be downloaded from:**

**NKF Webpage: <https://nkf.org.my/patient-welfare/application-forms/>**

**WORKFLOW: NKF KIDNEY TRANSPLANT SUBSIDY without Means-Test**  
**For (i) Medical Screening or (ii) Cadaveric Kidney Transplant**



**Medical Screening**

PSWC 080223

Referral from a Nephrologist of a Government Hospital, incl University Hospital for NKF Kidney Transplant Subsidy (Medical Screening) with:

- i. Medical Referral Summary (Form A), with List of Procedures for Tx Medical Screening
- ii. Patient completes Application Form (Form B)

**Cadaveric Kidney Transplant**

BOD 100323

Referral from a Nephrologist of a Government Hospital, incl University Hospital for NKF Kidney Transplant Subsidy (Cadaveric Kidney Transplant) with:

- i. Medical Referral Summary (Form A),
- ii. Patient completes Application Form (Form B)

NKF Welfare Department  
(No Means Tests required)

Provide/Obtain Quotation From  
Medical Centre or Medical Service Provider

Welfare Officer verifies and submits the  
application for CEO's approval,

RM 1,000/- for a cadaveric kidney transplant

Welfare Officer verifies and submits the  
application for CEO's approval,  
Up to RM 3,000/- for medical screening

CEO approves the application

Welfare Department informs:

- (i) Nephrologist & Patient about the approval, amount and effective date;
- (ii) Medical Provider or Medical Service Provider the approval and issue formal GL,
- (iii) NKF Finance Department regarding approval, amount, the medical centre, medical service provider, or the relevant parties,

Welfare Department informs:

- (i) NKF Finance about the amount approved and for payment directly to patient/guardian via EFT;  
And c.c to:
- (ii) Patient/Guardian;
- (iii) Referring Nephrologist.

- Medical Centre/Medical Service Provider conducts the procedure;
- Medical Centre/Medical Service Provider sends Invoice to WD for payment;
- WD verifies, and forwards to Finance Dept for payment to medical centre/medical service provider via EFT.

**NKF Kidney Transplant Subsidy Medical Referral Form**  
**For Medical Screening / Cadaveric Kidney Transplant**

**A. Personal Information of Patient:**

Name: \_\_\_\_\_

IC No.: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Dialysis Centre/Hospital: \_\_\_\_\_

Guardian: \_\_\_\_\_ Tel No: \_\_\_\_\_

**B. Medical Conditions/Comorbidities:**

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

iv) \_\_\_\_\_

v) \_\_\_\_\_

vi) \_\_\_\_\_

**C. Other Relevant Medical Information:**

\_\_\_\_\_  
\_\_\_\_\_

**D. Current Treatment ( √ ): Pre-Dialysis:**  **HD:**  **PD:**  **Transplant:**

**E. Date / Location (Planned) of Kidney Transplant (if applicable):** \_\_\_\_\_

**F. Nature of the kidney transplant plan ( √ ):**

Pre-Transplant Phase:  Transplant Phase:  Post-Transplant Phase:

**G. Purpose for which the NKF Kidney Transplant Subsidy is required ( √ ):**

(please provide quotation where applicable)

Cadaveric K/Transplant (RM 1,000/-):  Others, Please state:  \_\_\_\_\_

Medical Screening (Max, RM 3,000/-):  \_\_\_\_\_

**Comments:** \_\_\_\_\_

**H. Other Information:**

\_\_\_\_\_  
\_\_\_\_\_

**Name of Nephrologist:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Rubber Stamp:**

**Date:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**APPLICATION FORM  
FOR NKF KIDNEY TRANSPLANT SUBSIDY PROGRAMME  
For Medical Screening & Cadaveric Kidney Transplant**

**1. Personal Information / Maklumat Peribadi**

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

**2. Employment Information / Maklumat Pekerjaan**

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

**3. Educational Background / Latar Belakang Pendidikan**

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



**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)*

| <b>INCOME / PENDAPATAN</b>   | <b>RM</b> |
|--|-----------|
| 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>  |           |
| .....  |           |
| .....  |           |
| <b>TOTAL INCOME / JUMLAH PENDAPATAN</b>  |           |

| <b>EXPENDITURE / PERBELANJAAN</b>  | <b>RM</b> |
|--|-----------|
| 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 &amp; 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>  |           |
| _____  |           |
| _____  |           |
| <b>TOTAL EXPENDITURE / JUMLAH PERBELANJAAN</b>   |           |

|                       |  |
|-----------------------|--|
| <b>BALANCE / BAKI</b> |  |
|-----------------------|--|

**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 \_\_\_\_\_*

- Own vehicle / *Kenderaan sendiri*
- Motorcycle / *Motosikal*       Car / *Kereta*       Van
- Model / *Model* : \_\_\_\_\_ Year / *Tahun* : \_\_\_\_\_

Fully Paid / *Bayaran Penuh*       On instalment / *Bayaran Ansuran* :

Commenced payment from \_\_\_\_\_ (Year) until \_\_\_\_\_ (Year)  
*Tempoh bayaran bermula dari \_\_\_\_\_ (Tahun) hingga \_\_\_\_\_ (Tahun)*

**8. DECLARATION – I declare that:**

*PENAKUAN – 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 have read, understood, and agreed to comply with the terms and conditions.  
*Saya telah membaca, faham dan bersetuju untuk mematuhi segala terma-terma dan syarat-syarat yang telah ditetapkan.*
- c) I am aware that if I had suppressed or given any incorrect information, NKF reserves the right to discontinue providing financial assistance to me.  
*Saya sedar bahawa sekiranya saya didapati menyembunyikan atau memberi maklumat yang palsu, NKF berhak menamatkan subsidi saya.*

- d) 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, *silanya nyatakan nama organisasi /*

*penaja:* \_\_\_\_\_

Amount / *Jumlah* : RM \_\_\_\_\_ per month/*sebulan*

***NB : Incomplete forms will not be considered / Permohonan yang tidak diisi dengan lengkap tidak akan dipertimbangkan.***

\_\_\_\_\_  
**Patient's Signature / Right Thumb Print**

*Tandatangan / Cap Jari Kanan Pesakit*

**Date / Tarikh:** \_\_\_\_\_

**Witnessed by / disaksikan oleh:**

\_\_\_\_\_  
**Name/Nama:** \_\_\_\_\_

**IC No / No KP:** \_\_\_\_\_

**Relationship / Perhubungan:** \_\_\_\_\_

**Date/Tarikh:** \_\_\_\_\_



| <b>Welfare Manager / Officer's Recommendation</b>  |  | <b>Date :</b> |
|--|--|---------------|
| <input type="checkbox"/> Pending – Supporting documents / Home Visit is required<br><input type="checkbox"/> Recommended for NKF Kidney Transplant Subsidy<br>Kidney Transplant Medical Screening at: _____<br>Amount: _____<br>Comments :   |  |               |
| <b>Chief Executive Officer's Approval</b>  |  | <b>Date :</b> |
| <input type="checkbox"/> NKF Kidney Transplant Subsidy Approved:<br>Approval for: RM _____.<br><input type="checkbox"/> Rejected: Reason _____<br><input type="checkbox"/> Deferred: Reason _____<br><input type="checkbox"/> Deferred for Patient Selection & Welfare Committee Meeting<br>Comments : |  |               |

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