

APPLICATION FORM FOR NKF KIDNEY TRANSPLANT SUBSIDY PROGRAMME

1. Eligibility

The National Kidney Foundation of Malaysia (NKF) is a non-profit charitable organization established in 1969. Besides offering highly subsidized 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 Malaysians with chronic kidney disease or end-stage renal disease to have access to kidney transplants. The amount of financial assistance given depends on their financial status as assessed by the NKF Welfare Department. All applications are strictly assessed through means tests with interviews, home visits, and the review of documents submitted by applicants.

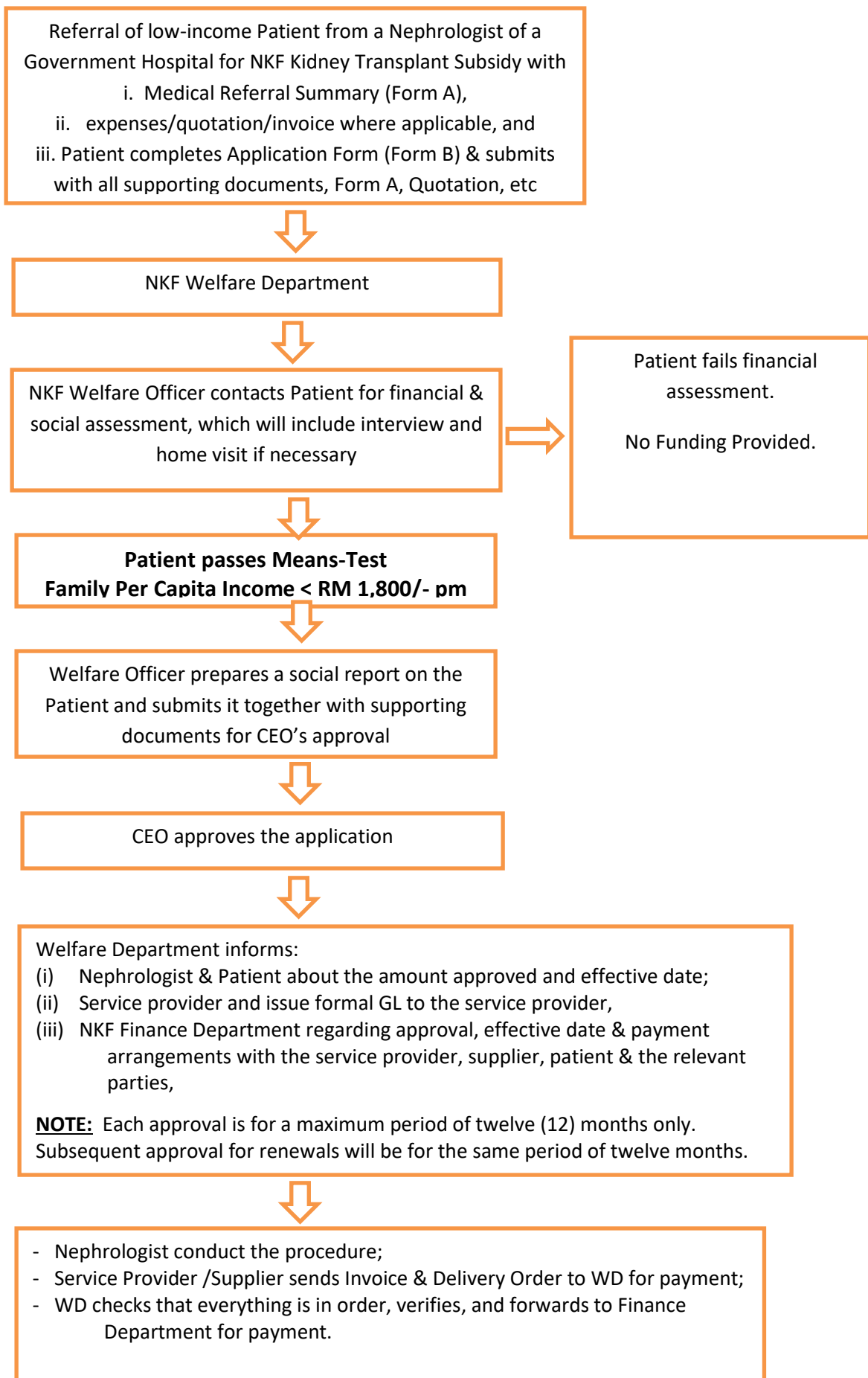
Applicants are subject to the following **Terms and Conditions**:

- Are Malaysian citizens;
- Are referred by a Nephrologist from a government hospital;
- 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 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 NKF Kidney Transplant subsidy.

2. Mandatory Documents for Submission by Applicant and Family Members

1. Complete family information sheet – **Form B**;
2. Clear photocopies of the Identity Cards of the Applicant and Donor,
3. **Latest pay slips, EPF statements, and Income Tax Returns** of the applicant and all family members;
4. 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;
5. Family members who currently require treatment or long-term care – attach doctor's letter (dated within 6 months) as supporting document;
6. Recent household utility bills.
7. **For the main applicant only:**
 - Recent Passport size photo;
 - **Medical Summary Referral (Form A) from a Nephrologist at a Government Hospital;**
 - **Quotation from medical (service) supplier, where applicable.**
8. **House photos – front (from roof to floor), sitting room and kitchen;**
9. Agreement for Admission into NKF Kidney Transplant Subsidy Programme – to be signed by Applicant and Witness

WORKFLOW: NKF KIDNEY TRANSPLANT SUBSIDY





NKF Kidney Transplant Subsidy Medical Referral Form

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 (v): Pre-Dialysis: [] HD: [] PD: [] Transplant: []

E. Date / Location (Planned) of Kidney Transplant (if applicable): _____

F. Nature of the kidney transplant plan (v):

Pre-Transplant Phase: [] Transplant Phase: [] Post-Transplant Phase: []

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

(please provide quotation where applicable)

Blood Test/Screening: _____ [] Subsistence: []
Medical Screening Package (Max, RM 3,000/-): [] Income Loss Subsidy: []
Travelling Expenses: [] Lodging Expenses: [] Others, please state below: []

Comments: _____

H. Other Information:

Name of Nephrologist: _____

Signature: _____

Rubber Stamp:

Date: _____

E-Mail: _____

**APPLICATION FORM
FOR NKF KIDNEY TRANSPLANT SUBSIDY PROGRAMME**

1. Personal Information / Maklumat Peribadi

1. Full Name (Mr/Mrs/Miss/Ms/Madam) / Nama Penuh (Encik/Puan/Cik): _____	Photo
2. Address / Alamat : _____ _____	
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 <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 <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 : _____
If unemployed, please state / Jika tidak bekerja, sila nyatakan:
Since (date) / Sejak (tarikh) : _____
Reason / Sebab : <input type="checkbox"/> Deemed unfit by doctor / disahkan oleh doctor tidak boleh bekerja <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 : _____

1. 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	Relation- ship Hubung- an	Staying Together State YES / No Tinggal Bersama Nyata Ya/Tidak	If not staying together, State Where Jika Tidak Tinggal Bersama, Nyata Di Mana	Age Umur	Occupation Pekerjaan	Monthly Income** Pendapatan Bulanan	Marital Status Taraf Perkahwin- an	No. of Child- ren 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.

** 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 vehicle loan / <i>Ansuran pinjaman kenderaan</i>	
5. Telephone Bill / <i>Bil Telefon</i>	
6. Utilities (water / electricity) / <i>Bil Air & Elektrik</i>	
7. Schooling Expenses / <i>Perbelanjaan Persekolahan</i>	
8. Working Members' Expenses (petrol / bus fare / food) / <i>Perbelanjaan Ahli-ahli Keluarga yang bekerja (petrol / tambang bas / makanan)</i>	
9. Entertainment / <i>Hiburan (Astro, etc)</i>	
10. Domestic Helper (Maid) / <i>Pembantu Rumah</i>	
11. Others (Please specify) / <i>Lain-lain (Nyatakan)</i> / EPO	

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 (Borang Cukai Pendapatan /Borang J/Borang EA terkini) | | | | |
| <input type="checkbox"/> | Patient / Pesakit | <input type="checkbox"/> | Spouse / Suami /Isteri | <input type="checkbox"/> | Children / Anak-anak |
| <input type="checkbox"/> | Sibling / Adik-beradik | <input type="checkbox"/> | Parents / Ibu bapa | | |
| <input type="checkbox"/> | Latest EPF Statement / Penyata KWSP terkini | | | | |
| <input type="checkbox"/> | Patient / Pesakit | <input type="checkbox"/> | Spouse / Suami /Isteri | <input type="checkbox"/> | Children / Anak-anak |
| <input type="checkbox"/> | Sibling / Adik-beradik | <input type="checkbox"/> | Parents / Ibu bapa | | |
| <input type="checkbox"/> | Latest payslip or letter from employer stating salary / Surat dari majikan atau slip gaji terkini | | | | |
| <input type="checkbox"/> | Patient / Pesakit | <input type="checkbox"/> | Spouse / Suami /Isteri | <input type="checkbox"/> | Children / Anak-anak |
| <input type="checkbox"/> | Sibling / Adik-beradik | <input type="checkbox"/> | Parents / Ibu bapa | | |
| <input type="checkbox"/> | Latest Savings/Fixed Deposit/Current Account/Passbook Statement (Penyata akaun tetap/Simpanan) | | | | |
| <input type="checkbox"/> | Patient / Pesakit | <input type="checkbox"/> | Spouse / Suami /Isteri | <input type="checkbox"/> | Children / Anak-anak |
| <input type="checkbox"/> | Sibling / Adik-beradik | <input type="checkbox"/> | Parents / Ibu bapa | | |
| <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

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 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.

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:

Relationship / Tali Persaudaraan:

Date / Tarikh:



**AGREEMENT FOR ADMISSION INTO
NKF KIDNEY TRANSPLANT SUBSIDY PROGRAMME
OF THE NATIONAL KIDNEY FOUNDATION OF MALAYSIA (NKF)**

**PERJANJIAN MENYERTAI PROGRAM SUBSIDI PEMINDAHAN BUAH PINGGANG
YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA (NKF)**

I _____ No KP: _____

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

Adalah saya _____ No K.P: _____

mewakili diri saya /pesakit bernama _____

No K.P: _____, bersetuju bahawa rawatan pemindahan buah pinggang saya / pesakit akan dibiayai sepenuhnya/sebahagian oleh Yayasan Buah Pinggang Kebangsaan Malaysia (NKF) bagi suatu tempoh masa yang akan ditentukan oleh NKF dan akan mematuhi syarat - syarat berikut:-

[Tick where relevant]/[tandaikan yang berkaitan]

- Submit medical report & prescription form from hospital / Mengemukakan laporan perubatan dan borang preskripsi daripada hospital ;
- 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 ahli keluarga;
- Copies of the latest EPF statements of the applicant and family members / Salinan penyata KWSP terkini pemohon dan ahli keluarga;
- A copy of the latest salary slip, or Social Security Organisation (SOCSO) Invalidity Pension statement (if any) for the applicant and those in the family / Salinan slip gaji terkini, atau Penyata Pencen Ilat dari PERKESO terkini (jika ada) bagi pemohon dan ahli keluarga;
- Copies of fixed deposits or savings accounts (if any) of the applicant and family members / Salinan penyata akaun tetap atau simpanan (jika ada) bagi pemohon dan ahli keluarga;
- Electricity, water, telephone and Astro bills / Bil elektrik, air, telefon & Astro;
- Photographs of patient's house / Gambar rumah pesakit – front of house from roof to floor, sitting room and kitchen / depan rumah daripada bumbung ke lantai, ruang tetamu & dapur.

I understand that if I fail to comply with the conditions above, or give incorrect/incomplete information, NKF reserves the right to discontinue the NKF Kidney Transplant financial assistance to me / patient without prior notice.

Saya faham bahawa sekiranya saya gagal mematuhi syarat - syarat di atas, atau memberi maklumat yang tidak tepat atau lengkap, NKF berhak menghentikan bantuan kewangan pemindahan buah pinggang NKF kepada saya / pesakit tanpa sebarang notis.

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: _____

Welfare Manager / Officer's Recommendation		Date :
<input type="checkbox"/> Pending – Supporting documents / Home Visit is required <input type="checkbox"/> Recommended for NKF Kidney Transplant Subsidy Comments :		
Chief Executive Officer's Approval		Date :
<input type="checkbox"/> NKF Kidney Transplant Subsidy Approved: Period of Approval: _____ months. <input type="checkbox"/> Rejected: Reason _____ <input type="checkbox"/> Deferred: Reason _____ <input type="checkbox"/> Deferred for Patient Selection & Welfare Committee Meeting Comments :		

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Checklist (For Welfare Department use only)

Form Received		Date Received	Applicant	Spouse	Parents	Children	Sibling	Others
i.	Application Form & Photo							
ii.	Medical Report							
iii.	Quotation from Supplier							
iv.	Latest Income Tax Assessment							
v.	Latest EPF Statement							
vi.	Pay Slips / employer's letter stating salary							
vii.	House Photographs							
viii.	Others (please specify)							
ix.	Agreement							
x.								

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NATIONAL KIDNEY FOUNDATION OF MALAYSIA Regd.No.659(Sel)
YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA
馬來西亞腎臟基金會
மலேசிய தேசிய சிறுநீரக அறநிறுவனம்

