

**APPLICATION FORM FOR PAEDIATRIC VASCULAR ACCESS SUBSIDY
BORANG PERMOHONAN UNTUK SUBSIDI AKSES VASKULAR PEDIATRIK**

1. Patient Information / Maklumat Pesakit:

1. Full Name / Nama Penuh:	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. Next of Kin/Waris: _____	
10. Tel No / No Tel: i. _____ ii. _____	
11. Email: _____	

2. Employment Information / Maklumat Pekerjaan (please Tick/Sila Tandakan)

<input type="checkbox"/> Not Applicable / Tidak Berkaitan
<input type="checkbox"/> Student / Pelajar
<input type="checkbox"/> School Drop-Out / Tercicir Sekolah.: When/Bila: _____
<input type="checkbox"/> Others/Lain-Lain: _____

3. Educational Background / Latar Belakang Pendidikan (Please Tick/Sila tandakan)

<input type="checkbox"/> Not Applicable/Tidak Berkaitan	<input type="checkbox"/> Primary School/Sekolah Rendah	<input type="checkbox"/> Secondary School/Sekolah Menengah
<input type="checkbox"/> Pre-U/Pra Universiti	<input type="checkbox"/> University/Universiti	<input type="checkbox"/> Other / Lain-lain

5. Total Monthly Household Income & Expenditure/ *Jumlah Pendapatan & Perbelanjaan*

Isi Rumah Sebulan (Principally, parents/guardian / khususnya, ibubapa/Penjaga)

(Household Income is defined here as the income of family members/ (*Pendapatan isi rumah ialah pendapatan semua ahli keluarga*))

INCOME / PENDAPATAN	RM
1. Income / Pendapatan (<i>ibubapa, penjaga</i>)	
2. Other Household Family Income / <i>Pendapatan Ahli-ahli Keluarga Serumah</i>	
3. Contributions From Relatives / <i>Sumbangan Dari Saudara-mara</i>	
4. Others (Please specify) / <i>Lain-lain (Nyatakan)</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)</i> / EPO _____ _____	
TOTAL EXPENDITURE / JUMLAH PERBELANJAAN	
Residual Income / Baki Pendapatan	
Per Capita Income / Pendapatan Per Kapita	

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/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. *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.*

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

Latest Income Tax Assessment/Form J/EA Form (*Borang Cukai Pendapatan /Borang J/Borang EA terkini*)

Parents / Ibubapa / Penjaga Siblings / Adik-Beradik Others

Latest EPF Statement / *Penyata KWSP terkini*

Parents/Ibubapa/Penjaga Siblings Others

Latest payslip or letter from employer stating salary / *Surat dari majikan atau slip gaji terkini*

Parents/Ibubapa/Penjaga Siblings/Adik-Beradik Others

Latest Savings/Fixed Deposit/Current /Bank/Passbook/Statement (*Penyata akaun tetap/Simpanan*)

Patient / *Pesakit* Parents / Ibubapa /Penjaga Children / *Anak-anak*

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 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, when the vascular access surgery has been carried out.
Adalah tanggungjawab saya untuk memberitahu NKF dengan serta-merta, apabila pembedahan akses vascular telah dilakukan.

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 /Ibubapa/Penjaga

Date / Tarikh:

Welfare Manager / Officer's Recommendation	Date :
<input type="checkbox"/> Recommended for NKF Paediatric Vascular Access Subsidy for: Referral From Hospital: _____ Name: _____ IC No: _____ Cost of Vascular Access: _____ Patient Contribution: _____ (Direct Payment to Surgery Location) NKF Subsidy for Vascular Access: _____ At: _____ Vascular Surgeon: _____ Comments: _____	
Welfare Officer, National Kidney Foundation of Malaysia	

Chief Executive Officer's Approval	Date :
<input type="checkbox"/> Approval for NKF Paediatric Vascular Access Subsidy: i) Full <input type="checkbox"/> ii) Partial <input type="checkbox"/> Name: _____ IC No: _____ Amount: _____ At: _____ <input type="checkbox"/> Rejected: Reason _____ <input type="checkbox"/> Deferred: Reason _____ Comments : _____	
Chief Executive Officer, National Kidney Foundation of Malaysia	

=====MMMM=====MMMM=====

Checklist (For Welfare Department use only)

	Document Received	Date Received	Applicant	Parents	Sibling	Others	Remarks
i.	Application Form (Form B) with Photo						
ii.	Medical Referral Form (Form A)						
iii.	Quotation from a Vascular Surgeon						
iv.	Latest Income Tax Assessment						
v.	Latest EPF Statement						
vi.	Pay Slips / Employer's letter stating salary						
vii.	House photographs						
viii.	Others (please specify)						