



KELAB AMAL BATU PAHAT JOHOR

1, Jalan Banang Heights, Taman Banang Heights, 83000 Batu Pahat, Johor.
Tel : 07-4316111 Email : info@bpch.org.my Website : www.bpch.org.my

Medical Fees Assistance Application Form 申请医疗费援助金表格

1. Applicant's Particulars 申请者资料 (Patient 病患者)

Name 姓名: (英)		(中)	
I.C. No. 身份证号码:	Age 年龄:	Gender 性别:	
Address 住址:			
Contact Numbers 联络号码: (HP/手机)		(Home/住家)	
Marital Status 婚姻状况: Married 已婚/ Divorced 离婚/ Widow 丧偶		Salary 月薪:	
Occupation 职业:	Working Place 工作地点:		

2. Medical Particulars 病历

Disease 疾病	
Years 年份	
Medical fees per month 每月医疗费用	

3. Family Members 家庭成员

Name 姓名	Gender 性别	Age 年龄	Relationship 关系	Occupation 职业	Company 公司	Salary 月薪	Marital Status 婚姻状况

4. Estimated Family Monthly Expenses 每月家庭开销预算

Eg. 例子: Rental / 房租 – RM300

Particulars 项目	Amount (RM) 数额	Particulars 项目	Amount (RM) 数额

5. Any assets? 家中是否拥有任何产业? Please tick

Car 车 Motorcycle 摩托车 Land 地产 House 房屋 Shop lot 店面

6. Other financial supports 其他经济援助

Eg. 例子: BPCH 2011-2013 – RM1000

Charity/Organization/Insurance 慈善/社团/保险	Years 年份	Amount (RM) 数额

Please attach the copy of the following documents 请附上以下资料副本:

1. Identity card 身份证
2. Latest salary slips 最新薪水单 (3 months/ 三个月)
3. Latest medical reports 最新医疗报告
4. Latest medical fee receipts 最新医疗费收据
5. Latest utilities bills 最新水电单 (3 months/ 三个月)
6. Family status description letter 家庭状况叙述信

Applicant 申请者	Office use
I, hereby agreed & confirmed the above information provided is accurate without any prejudice and related information to be published in any media. 本人表明以上所填写资料为正确及属实, 并同意峇株商业慈善社能使用本人受惠资料发布于官方网站及杂志等平台 Signature 签名:	Form received : _____ Date: _____
	Interviewed by : _____ Date: _____
	Amount (RM) : _____
Date 日期: _____	Office received : _____ Date: _____

