

REF:

HONORARY TREASURERS,
PLANTERS BENEVOLENT TRUST MALAYSIA,
PETI SURAT NO. 10262
50708 KUALA LUMPUR
EMAIL : ispqh@isp.org.my
TEL: 03-7955 5561
FAX: 03-7956 6898

THE PLANTERS' BENEVOLENT TRUST OF MALAYSIA (Registered Trustee)

APPLICATION FOR FINANCIAL ASSISTANCE

1	NAME IN FULL:
2	IDENTITY CARD NO:
3	DATE OF BIRTH :
4	FULL POSTAL ADDRESS: Tel. No. : Fax. No. :
5	AGE:
6	MARRIED/SINGLE/WIDOWER:
7	CONNECTION WITH MALAYSIAN PALNTATION INDUSTRY:
8	CHILDREN:
(i) Total No:	(ii) Ages:
(iii) Number in School:	iv) Cost of Education of children with details: (a) Fees: (b) Transport: (c) Books: (d) Names of School(s): (e) Others:

9	FINANCIAL ASSISTANCE FOR CHILDREN'S SCHOOLING:	
(i) From Government: RM	(ii) From Welfare Department: RM	
(iii) From Relatives/Family: RM	(iv) From School: RM	
(v) From Employer: RM (your's and spouse's former)	(vi) Other Sources: RM	
10	FINANCIAL RESOURCES/ INCOME:	
(i) From Employment: RM	(ii) If Employed: <i>Employee's Name/Address:</i> <i>Tel/Fax No./Contact Person:</i>	
(iii) From Family: RM	(iv) From Welfare Department: RM <i>(If not, why not attempted)</i>	
(v) From Rental of Premises owned: RM	(vi) From Investments: RM	
(vii) Other sources: RM		
11	DO YOU OWN A HOUSE? YES/NO / VALUE: RM	
(i) If Yes, do you live in the house?	(ii) Do you own any other property? Yes/ No. Value: RM	
(iii) If Yes, provide details of income from it:	(iv) Did you inherit:- a. Any property – Value: RM b. Cash/Shares – Value: RM c. Insurance – Value: RM d. Spouse's family Pension – RM e. Others.	

12	EMPLOYMENT DETAILS:	
Are you working: If Yes:-		
(i) Monthly Salary: RM	(ii) Other Allowances: RM	
(iii) Overtime (average): RM	(v) Is Accommodation provided /subsidized by employer: RM	
(v) Total Income: RM	(vi) If not working, have you tried to find employment? Yes/No If not, why?	
13	MONTHLY EXPENDITURE	
(i) House Rental (if rented)	RM	
(ii) Food	RM	
(iii) Utilities	RM	
(iv) Others	RM	
Total Per Month	RM	
14	ANY OTHER INFORMATION WHICH MAY ASSIST THE BOD OF TRUSTEES IN CONSIDERING YOUR APPLICATION:	
15	REFERENCES (who should be, if possible, are known to you or your family)	
NAME.	ADDRESS.	CONTACT NO.
(i)		
(ii)		

(NB. The Board of Trustee (BOT) will independently verify the details and information given above and if not found true, the assistance will be **WITHDRAWN IMMEDIATELY WITHOUT NOTICE)**

I confirm that all the information provided by me as above is true and correct.

Date:.....	Signature: Name:
------------	-------------------------------------

For Office Use Only

Discussed by the BOT on and decided to give monthly assistance of **RM**

Decided to reject the request for assistance.

.....
(CHAIRMAN PBTM)

.....
(HONRARY SECRETARY PBTM)