

**貧病者申請表格**  
**Application Form**

(530057-V)

**貧病者資料 Patient Information**

姓名 Name : (中) \_\_\_\_\_ (英) \_\_\_\_\_

性別 Gender :  男 Male 年齡 Age : \_\_\_\_\_ 婚姻狀況 Marital Status :  單身 Single  
 女 Female  已婚 Married  
 離婚 Divorced  
 其他 Other : \_\_\_\_\_

身份証/ 報生紙號碼 : \_\_\_\_\_ 出生日期 : \_\_\_\_\_  
 NRIC / Birth Certificate No. : \_\_\_\_\_ Date Of Birth : \_\_\_\_\_

職業 : \_\_\_\_\_ 每月收入 : \_\_\_\_\_  
 Occupation : \_\_\_\_\_ Monthly Income : \_\_\_\_\_  
 (請呈上收入證明 Please attach the pay slip or EA form )

地址 Add : \_\_\_\_\_

電話 Tel : ( 住家 Home ) \_\_\_\_\_ ( 手提 H/P ) \_\_\_\_\_

求助原因 Reason of Appeal : \_\_\_\_\_

醫藥費 Medical Fees : \_\_\_\_\_ 診治醫院 Hospital : \_\_\_\_\_

病症 Diagnosis : \_\_\_\_\_

有醫藥卡/醫藥保險? Do you have Medical Card / Medical Health Insurance?  有 Yes  無 No

有福利部援助金? Do you currently receive support from Kebajikan?  
 有 Yes, RM \_\_\_\_\_ /月 per month  無 No

您是否有/計劃向其他機構或媒體申請金錢支援?  
 Are you approaching/ intend to any other organization(s) for donation?  有 Yes  無 No

如有, 請列明 If yes, who : 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 家庭狀況 Family Status

### 家庭成員資料 Family Members Details

	姓名 Name	年齡 Age	身份證/報生紙號碼 I/C or B/C No.	關係 Relationship	職業 Occupation	收入 Monthly Income (RM)
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

### 居所 Accommodation

花園屋 Detached / Terrace     組屋 Flat     公寓 Apartment / Condominium

新村屋 Village     木屋 Wooden House

需要供屋 / 租屋? House Installment / House Rented?     是 Yes     否 No

如需供屋 / 租屋, 每月的分期付款 / 租金數額?

If house is under installment / rented, amount of installment / rental paid per month?

RM\_\_\_\_\_ / 月 per month

### 交通工具 Transportation

汽車 Car     摩哆車 Motorcycle     貨車 Van     其他 Other: \_\_\_\_\_

車款 Type of transport : \_\_\_\_\_    車牌 Car No: \_\_\_\_\_

需要供車? Car Installment?     是 Yes     否 No

如需供車, 每月的分期付款數額?

If car is under installment, amount of installment paid per month?

RM\_\_\_\_\_ / 月 per month

## 委託人資料 Information of Consignor

姓名 Name : ( 中 ) \_\_\_\_\_ ( 英 ) \_\_\_\_\_

身份證/報生紙號碼 :

NRIC / Birth Certificate No. : \_\_\_\_\_

與貧病者關係 :

Relationship with patient : \_\_\_\_\_

地址 Add : \_\_\_\_\_

電話 Tel : ( 住家 Home ) \_\_\_\_\_ ( 手提 H/P ) \_\_\_\_\_

職業 :

Occupation : \_\_\_\_\_

每月收入 :

Monthly Income : \_\_\_\_\_

## **Declaration / Authorisation 宣誓書**

I, \_\_\_\_\_ (NRIC No: \_\_\_\_\_), the abovenamed applicant / patient / beneficiary, hereby irrevocably declare, confirm and agree as follows:-

- (i) that the warranties, representations and / or information provided in the application form are true and accurate and in the event of breach, Sin Media Corporation Berhad ("Sin Chew Daily") / Yayasan Sin Chew shall have the right to cease all donation drives and shall redirect the funds collected, if any, to other deserving case(s);
- (ii) in the event that funds are raised concurrently by myself or other persons, organization or bodies, on my behalf or on behalf of the beneficiary, I shall declare to Sin Chew Daily/Yayasan Sin Chew all amounts received;
- (iii) in the event that funds are raised concurrently by other organisation or bodies, Sin Chew Daily / Yayasan Sin Chew is hereby authorised to liaise and / or coordinate with those other persons, organisation or bodies to ensure that the total combined donations received by all parties will be properly and fairly distributed and / or managed to avoid duplicity and / or abuse;
- (iv) Yayasan Sin Chew will published the cases in Sin Chew Daily News at "Metro Edition" or by selectively published in Sin Chew Daily "local version" and Yayasan Sin Chew website. In addition, we do not send any other form of external news and information.
- (v) that Sin Chew Daily/ Yayasan Sin Chew shall have the absolute discretion to release the donation received for my benefits, directly to the authorities concerned to meet my medical and / or other costs or expenses. In the event that monies is to be disbursed to me directly, Sin Chew Daily/ Yayasan Sin Chew shall have the absolute discretion, upon due consultation, either to release it in one (1) lump sum or in part payment progressively over a period of time;
- (vi) I understand that upon examine and approval from Yayasan Sin Chew of my application as patient / beneficiary, Sin Chew Daily / Yayasan Sin Chew will commence the donation drive for a period not longer than 3 months. In the event that donation receive after 3 months or the funds / donations have exceeded my need / requirement or are no longer needed by me, Sin Chew Daily / Yayasan Sin Chew shall have the absolute discretion to deal with the excess or unutilised balance funds in the following manner:-
  - a. forthwith redirecting or donating the said excess / unutilised balance funds to other deserving patients / beneficiaries / organisations selected by Sin Chew Daily/Yayasan Sin Chew; or
  - b. retain and transfer the said excess / unutilised balance funds to the Yayasan Sin Chew's general charity fund and the same shall be distributed in due course under Yayasan Sin Chew's charity programmes; or
  - c. such other manner as Sin Chew Daily/ Yayasan Sin Chew shall in its absolute discretion deem fit.
- (vii) that Sin Chew Daily / Yayasan Sin Chew is the TRUSTEE for the donations received from the public towards my plight and as such, I shall cooperate fully with Sin Chew Daily / Yayasan Sin Chew to ensure transparency and accountability in the eyes of the general public;
- (viii) I shall waive and have no claims of whatsoever nature against the decisions and / or actions taken or to be taken by Sin Chew Daily/ Yayasan Sin Chew in the management of the donations or funds raised or donated by the public in respect of my plight;
- (ix) My application for assistance as the Applicant / Beneficiary / Patient will valid for a period of one year (12 months). After the lapse of the validity period, reactivation of the application is only allowed provided that there is occurrence of special circumstances;
- (x) Sin Chew Daily / Yayasan Sin Chew retains the absolute right to amend the content of the Declaration / Authorisation herein notwithstanding the absence of my consent as applicant / beneficiary / patient.
- (xi) I consent that Sin Chew Daily / Yayasan Sin Chew may process (defined in the Act) my personal data in accordance with the provisions of the Personal Data Protection Act 2010 ("Act") and its regulations enacted thereunder. The said personal data, with my consent hereby given may be retained by Sin Chew Daily / Yayasan Sin Chew for a period not exceeding 7 years.
- (xii) I hereby discharge Sin Chew Daily / Yayasan Sin Chew from any existing and future liabilities, obligations and duties arising from processing my personal data.

我 \_\_\_\_\_（身份證號碼：\_\_\_\_\_），以申請人 / 病患者 / 受益人的名義表明、證實並同意：

1. 申請書所闡明的一切擔保、聲明和資料在我的認知下正確無誤；一旦發生任何違約情況，星洲媒體集團（“星洲日報”）/星洲日報基金會將擁有權力終止一切募捐活動的權力，並可將任何所籌得的款項（若有）轉交給其他需要協助的人士；
2. 如果我/其他人/其他的團體或組織在同一時間代表我方/受益人展開募款，我將會把所有收到的款項數額公布於星洲日報/星洲日報基金會；
3. 如果有其他的團體或組織在同一時間展開募款，星洲日報/星洲日報基金會將被授權與有關團體或組織聯繫及/或協調，以確保所籌募的總數能夠公平及公正分配和/或處理，以避免發生濫用及 / 或欺騙；
4. 星洲日報基金會將求助個案新聞刊登於星洲日報“大都會”或以選擇性刊登於星洲日報“地方版”及星洲日報基金會網頁。除此之外，不會以其他形式對外發送新聞與信息。
5. 星洲日報/星洲日報基金會擁有絕對的權利直接釋放所籌得的款項給任何相關單位，以充作我的醫藥費用及/或其他相關成本或費用。如果相關的款項必須直接交到我手上，星洲日報/星洲日報基金會可以在作考量之後，自行決定，以整數或分期付款的方式付款；
6. 星洲日報/星洲日報基金會在審核與接受我的申請後，將展開不超過 3 個月期限為準的籌款活動。星洲日報/星洲日報基金會將任何在期限外所收到的捐款，或超過我的需要/要求或我不再需要，星洲日報/星洲日報基金會擁有絕對的權利將剩餘的或未使用的款項充作以下用途：
  - a) 將剩餘的/未使用的款項轉交給其他星洲日報/星洲日報基金會認為適合且需要協助的病患者 / 受益人及團體；
  - b) 保留並將有關剩餘或未使用的款項轉到星洲日報基金會的慈善基金名下，並適當地充作星洲日報基金會的慈善用途；
  - c) 充作任何星洲日報/星洲日報基金會認為適當和適合的用途。
7. 星洲日報/星洲日報基金會是公開籌募所得款項的信託人，因此，我與星洲日報/星洲日報基金會全面配合，確保其透明度與可信度，以獲取捐款公益的信任；
8. 我會放棄一切追究的權利，以及不過問星洲日報/星洲日報基金會管理公開籌募款項的方式；
9. 我（申請者/受益人）的求助申請有效期限為一年(12 個月)，期限結束之後，檔案即關閉，所有募捐/相關工作將結束。我的申請檔案只可以在特殊情況下，重新開檔；
10. 星洲日報/星洲日報基金會無需經過我（申請人/受益人）的同意下，隨時有權刪改宣誓書的內容。
11. 本人同意星洲日報基金會和星洲日報在遵循 2010 年個人資料保護法及相關法令條規下，使用及處理本人的個人資料（根據該法令之定義）。上述經本人許可所提供的個人資料，可供星洲日報/星洲日報基金會保存不超過 7 年的期限。
12. 本人特此聲明貴集團在處理本人的個人資料時無需承擔任何義務、職責及責任。

Applicant / Parent or Guardian :  
申請者 / 家長或監護人 :

In the presence of / 見證人 :

\_\_\_\_\_  
Name / 姓名 :  
NRIC No. / 身份證號碼 :  
Date / 日期 :

\_\_\_\_\_  
Name / 姓名 :  
NRIC No. / 身份證號碼 :  
Date / 日期 :

請附上以下文件 **Please attach the following**

1. 貧病者及受益人身份證 / 報生紙影印本   
NRIC or birth cert of the patient and beneficiary
2. 貧病者照片   
Photo of the patient
3. 最近 6 個月的醫療報告并註明醫院及醫生名字(正本/Original Copy).由醫生建議的醫療方式及相關治療的預算費用. **(不接受診所 (Clinic) 醫生的報告)**   
The latest 6 months original medical report with the name of hospital and doctor, recommendation of medical treatment from doctor and estimated medical fees. **(Clinic medical report is not accepted)**
4. 病患家庭成員的身份證/報生紙複印本 (12 歲以下的家庭成員)   
I/C or birth cert of patient's family members
5. 死亡證書 (若有家庭成員已逝世)   
Death cert of patient's family members (if any)
6. 貧病者或親屬的薪金表 / EA 表格或任何入息證明(近 3 個月)   
The latest 3 months salary slip / EA form and or any documents to substantiate income of the patient or parents
7. 僱主信件 (如無法呈上新金單, 從僱主信件證明每月收入和工作性質)   
Employer letter (if no salary slip)
8. 最近三个月的水电费單据, 電話單及屋租單   
The latest 3 months electricity, water, telephone bill and rental receipt

發稿人： -

駐： \_\_\_\_\_ 記者/ 通訊員： \_\_\_\_\_

發稿日期： \_\_\_\_\_ 刊登日期： \_\_\_\_\_

主任/ 記者姓名： \_\_\_\_\_