

# TABUNG AMAL NAWEM GRANT APPLICATION FORM

## A) APPLICANT'S PARTICULARS

Name of applicant: \_\_\_\_\_ D.O.B: \_\_\_\_\_

NRIC No. (New): \_\_\_\_\_ (Old): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

How long in present address: ( ) Ownership: Owned ( ) Rented ( ) Free temporary shelter ( )

House Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Marital status: ( ) Widowed ( ) Separated ( ) Single ( ) Married ( ) Divorced

Size of family: ( ) persons No. of dependents: ( ) persons Total household income: RM \_\_\_\_\_ /month

## B) HUSBAND'S PARTICULARS

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

NRIC No. (New): \_\_\_\_\_ (Old): \_\_\_\_\_ Age: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Postcode: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Monthly income: RM \_\_\_\_\_ /month

## C) NEXT OF KIN'S PARTICULARS (RESIDING OR NOT RESIDING WITH APPLICANT)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ House Tel: \_\_\_\_\_

## D) HOUSEHOLD INCOME & EXPENDITURE

	RM		RM
INCOME: Income from business	_____	EXPENDITURE: Living expenses	_____
Income Husband/Wife	_____	Tax/EPF/Socso/Insurance	_____
Other income	_____	Other expenses	_____
<b>TOTAL INCOME</b>	_____	<b>TOTAL EXPENDITURE</b>	_____

**NETT INCOME RM**

**E) BUSINESS INFORMATION (IF APPLICABLE)**

Name of company/business: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_ Type of business: \_\_\_\_\_

Business registration No.: \_\_\_\_\_ Year registered: \_\_\_\_\_ Office Tel No.: \_\_\_\_\_

**F) LOAN PARTICULARS / CURRENT LOAN (IF APPLICABLE)**

Name of bank	Type of loan	Total (RM)	Monthly instalment (RM)	Current balance (Estimate) (RM)	Completion date

**G) AMOUNT OF GRANT APPLIED (RM)**

Amount: RM \_\_\_\_\_

**H) DECLARATION**

I have read, understood and agreed to the terms and conditions of the application and declare that I am of age and am free from any legal action against my person. I declare that all information given is true and that should Tabung Amal NAWEM find out that any particulars provided are false, my application shall be deemed null and void, therefore my benefits withdrawn.

I give full authorisation to Tabung Amal NAWEM to obtain any information about me from my financial institution or bank that is relevant to this application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I) FOR OFFICE USE ONLY**

Counselled by: \_\_\_\_\_ Date: \_\_\_\_\_

Mode of evaluation: \_\_\_\_\_

Remarks: \_\_\_\_\_