

Yayasan Sin Chew Relief Fund Project

Name of Institution (Mandarin) : _____

(English) _____

Reg. No.: _____ Name of PIC : _____

HP No.: _____ Office No.: _____

Address : _____

Type of Org : () Old Folk Home / () Orphanage / () Disabled Center

() Others : _____

No. of People being Taken Care -- () :-

No. being Charged () FOC () // Stay In () persons / Day Care () persons

No. of Salaried Staffs : () // No. of Social Worker : ()

Account Name : _____

Name of Bank : _____ Account Number : _____

*Reasons of Application : *(The organisation is encouraged to type at own letter head)*
