

## **GREAT VISION** Great Vision Charity Association

PERSATUAN HARAPAN MULIA																								
Application Form (D	idik	K	asi	h) <i>i</i>	Plea	se f	ill in	wh	ere	арр	lica	ble.												
A. Referee Information																								
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Tel. No.	$\top$			1 -																				
Relationship with applicant	+		ļ	ļ	!	ļ																		
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B. Applicant Information																								
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NRIC Number	+						-			-								_	_			-	_	<del></del> !
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Contact No.	+			+-		<u> </u>	1	<u>.                                    </u>																
H/P Tel. No.	+		┢	+-	$\vdash$	H																		
Education Level	┢	Nil			!	П	Pri	ma ma	rv		П	Sei	cond	larv	,		Co	lleg			Тг		niver	sity
School	十	1 411						IIIu	. у			30,	-	aui y					, C				111701	Sity
3611001	<u>_</u>																					_		
C. Family Member Inform	atio	n																						
Full Name (as per NRIC)		NRIC		Age		Relationship				School / Incom Occupation (RM)				I Tel					ay with plicant?					
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Remarks:																								
D. Extra Curriculum/Skills	/H0	hhi	ac I	nfoi	rma	tio	n Di	oasi	o att	ach	a d	iffo	ront	cho	ot i	fno	t on	0110	sh c	na	ro			
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Extra Curriculum	<u> </u>																							
(Club / society, position, achievements, etc)	$\vdash$																							
Skills and Interest	+																							
E. Family Household Incor	ne a	nd	Exr	ens	ses	Info	rma	atio	n															
Expenses																								
Type of Expenses																				Ex	per	nses	(RM	)
House Installment / Rent																		H			•		• • • • • • • • • • • • • • • • • • • •	-

School Fees		1
Transportation		
Medical (Please attach latest medical report from Hospit	tal / Clinic)	
Utility Bills (Electricity, Water, Astro, Others)		
Household Expenses		
Others. Please specify:		
Income		
Type of Income	Self (RM)	Other household members staying together (RM)
Gross Income (Employment)		
Other Income. Please specify:		
Pension (Ilat / Socso, Others)		
Support from other government / welfare agency		
Other monetary support		
F. Applicant's Declaration		
Name :		
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NRIC :         -	1 1-1 1 1 1	
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TERMINATED WITH IMMEDIATE EFFECT.	Date:	
(Signature of Applicant)		D M M Y Y Y Y
(Signature of Applicant)	Date:	
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(Signature of Applicant)  G. For Office Use	Date:	D M M Y Y Y Y
(Signature of Applicant)  G. For Office Use	Date: D	D M M Y Y Y Y
(Signature of Applicant)  G. For Office Use	Date: D  D  Supporting Document (	D M M Y Y Y Y  Checklist icant
(Signature of Applicant)  G. For Office Use	Date: D  Supporting Document (  1. Photocopy IC of Appl	D M M Y Y Y Y  Checklist icant ant
(Signature of Applicant)  G. For Office Use  This declaration is held in front of:	Date: D  Supporting Document (  1. Photocopy IC of Application 2. Photograph of Application 2. Photograph of Application 3. Photograph 3.	Checklist icant ant erttificate
(Signature of Applicant)  G. For Office Use  This declaration is held in front of:  (Signature of Supervisor)	Date: D  Supporting Document (  1. Photocopy IC of Applic  2. Photograph of Applic  3. Result Slip, School Ce	Checklist icant ant erttificate
(Signature of Applicant)  G. For Office Use  This declaration is held in front of:  (Signature of Supervisor)  Name:	Date: D  Supporting Document (  1. Photocopy IC of Applic  2. Photograph of Applic  3. Result Slip, School Ce	Checklist icant ant erttificate
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(Signature of Applicant)  G. For Office Use  This declaration is held in front of:  (Signature of Supervisor)  Name:  NRIC:  Date:  Additional Remarks from Supervisor	Date: D  Supporting Document (  1. Photocopy IC of Applic  2. Photograph of Applic  3. Result Slip, School Ce  4. Other Supporting Document (  4. Other Suppor	Checklist icant ant crttificate cument