

AIA HAVE-A-HEART FUND
REQUEST FOR FINANCIAL ASSISTANCE



APPLICANT'S (CHILD) PERSONAL INFORMATION

Name		Name in Chinese (if applicable):	
Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Birth Certificate No:

School's Name & Address:

PARENTS/GUARDIAN'S PERSONAL INFORMATION

Father's Name:		Name in Chinese (if applicable):	
Age:	NRIC No:	Occupation:	Office Tel: Mobile Tel:
Monthly income: RM Monthly commission : RM		Other side income: RM Please indicate sources:	
Name & Address of Company:		Name & Position of immediate supervisor:	
Does your company's health insurance cover your family? Yes <input type="checkbox"/> No <input type="checkbox"/>		Amount Covered: RM	
Mother's Name:		Name in Chinese (if applicable):	
Age:	NRIC No:	Occupation:	Office Tel: Mobile Tel:
Monthly income: RM Monthly commission : RM		Other side income: RM Please indicate sources:	
Name & Address of Company:		Name & Position of immediate supervisor:	
Does your company's health insurance cover your family? Yes <input type="checkbox"/> No <input type="checkbox"/>		Amount Covered: RM	

PARTICULARS OF FAMILY

Family's permanent address:	Family's correspondence address:
Tel:	Tel:

Number of children:

Name of children:	Age:	Name of children:	Age:
1.		4.	
2.		5.	
3.		6.	

Does your family own a car/motorcycle? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount of installment paid per month: RM Car Model: _____ Year: _____
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Does your family own its own house? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount of installment paid per month: RM Type of house: _____ Year: _____
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If house is rented, amount of rental paid per month: RM _____

Have you approached any other charitable organisations/made a newspaper appeal for financial assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how much have you collected so far? <input type="checkbox"/> Waiting for response <input type="checkbox"/> RM _____
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Name of organisation/newspapers:	Contact person	Tel
1.		
2.		
3.		

Amount applied for AIA Have-A-Heart Fund sponsorship: RM _____

PARTICULARS OF HEART CONDITION NEEDING CORRECTIVE SURGERY

(To be completed by attending Physician)

Name of attending Doctor:	Name & Address of Hospital/Clinic:
How long have you been the attending Doctor of this child?	What is the diagnosis of the heart condition suffered by this child?
Does this child require any surgical intervention?	If yes, what kind of surgical intervention is required?
What is the prognosis after surgery has been carried out?	Please provide a rough estimate of the cost of such surgical intervention in your hospital: RM
Average of duration of hospitalisation required after surgery:	When & where has surgery been scheduled for this child?
Signature:	Date:

AIA HAVE-A-HEART FUND ELIGIBILITY CRITERIA

1. To include most heart procedures for those aged 10 years and below.
2. Sponsored patients must be Malaysian citizens or permanent residents.
3. Surgery must be carried out in Malaysia.
4. Financial assistance is restricted to those in the low income group.
5. Final sponsorship decision rests with the AIA Have-A-Heart Fund Sponsorship Committee.

DOCUMENTS REQUIRED (CERTIFIED TRUE COPIES)

1. Applicant's (child) birth certificate.
2. Parents' / Guardians' identity card.
3. Parents' latest salary statement (for the past 3 months).
4. Parents' latest Income Tax Form 'J', or latest EA Form or EPF statement, or original letter from employer confirming their salary.
5. Sales and Purchase Agreement for car and house.
6. Documents showing monthly installments for car and house.
7. House rental receipt.

TERMS & CONDITIONS

1. The AIA Have-A-Heart Fund reserves the right to use the names, addresses, photographs, information and/or documents of all AIA Have-A-Heart Fund recipients and their families in advertisements, brochures and other forms of publicity from time to time.
2. AIA Have-A-Heart Fund recipients and their families may also be required to participate in publicity programmes.
3. The AIA Have-A-Heart Fund reserves the right to amend the amount, terms & conditions of the sponsorship herein at any time at its absolute discretion without prior notice.

DECLARATION

(To be completed & signed by parent/guardian)

1. I hereby declare that all the information given in this application and all the documents submitted are complete, true and correct. I understand that the Sponsorship Committee reserves the right to revoke any financial assistance granted to my child if any of the information or document is found to have been falsified or withheld.
2. I hereby consent to provide AIA with the right to access and obtain any information or medical report of my child, from any hospitals which might have this information.

Signature: _____

Date: _____

Name: _____

Application forms are to be completed and returned to the following for review:

The AIA Have-A-Heart Fund Sponsorship Committee
c/o Corporate Communications Department
Level 28, Menara AIA
99, Jalan Ampang
50450 Kuala Lumpur

Name of Applicant: _____

Date: _____

DECISION OF SPONSORSHIP COMMITTEE

<u>Name</u>	<u>Agree to Sponsor</u>	<u>Disagree to Sponsor</u>	<u>Signature</u>
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

REMARKS/COMMENT BY SPONSORSHIP COMMITTEE

FINAL DECISION

1. Application approved for sponsorship Yes No
2. Amount of sponsorship approved RM

**Signature of Chairman
Sponsorship Committee**

