

AIA TOUCHING LIVES
REQUEST FOR FINANCIAL ASSISTANCE:
CORRECTIVE HEART SURGERY



APPLICANT'S (CHILD) PERSONAL INFORMATION

Name:

Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth:	Birth certificate/ NRIC no:
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PARENTS/GUARDIAN'S PERSONAL INFORMATION

Father's Name:

Age:	NRIC No:	Occupation:	Office Tel: Mobile Tel:
Monthly income: RM Monthly commission: RM		Other side income: RM Please indicate source:	
Name & address of employer:			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:

Age:	NRIC No:	Occupation:	Office tel: Mobile tel:
Monthly income: RM Monthly commission : RM		Other side income: RM Please indicate source:	
Name & address of employer:			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 (if different from permanent address):
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Tel:	Tel:
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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 Vehicle model: Year:
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Does your family own a 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 the 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.		

What is the amount that you are requesting from AIA for the heart surgery sponsorship?
RM

PARTICULARS OF HEART PATIENT NEEDING CORRECTIVE SURGERY

(To be completed by attending doctor)

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
Estimated duration of hospitalisation required after surgery:	When and where has surgery been scheduled for this child?
Signature:	Date:

ELIGIBILITY CRITERIA

1. To include 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 earning less than RM5000.00 per household, per month.

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. Documents showing monthly installments for car and house.
6. House rental receipt, if any.

TERMS & CONDITIONS

1. AIA Touching Lives, a CSR programme by AIA Bhd., reserves the right to use the names, addresses, photographs, information and/or documents of all AIA Touching Lives – corrective heart surgery beneficiaries and their families in advertisements, brochures and other forms of publicity from time to time.
2. Corrective heart surgery beneficiaries and their families may also be required to participate in publicity programmes organised by AIA Bhd. through AIA Touching Lives.
3. AIA Bhd. reserves the right to amend the amount, terms & conditions of the sponsorship at any time at its absolute discretion without prior notice.
4. AIA Touching Lives programme managers have the discretion to decide on the final sponsorship beneficiaries.

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 accurate. I understand that AIA Touching Lives, AIA Bhd.'s CSR programme, 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 acknowledge and agree that the final sponsorship decision rest with the AIA Touching Lives programme managers;
3. I hereby agree that any personal information collected or held by AIA Bhd. (whether contained in this application form or otherwise obtained) may be held, used, disclosed by AIA to individuals/organisation related to and associated with AIA or any selected third party (within or outside of Malaysia) for the purpose of processing this application form, for AIA Bhd.'s consideration in providing any benefit hereto and to communicate with me for such purpose.
4. I hereby consent to provide AIA Bhd. with the right to access and obtain any information or medical report of my child, from any hospitals and clinics which might have this information.

Signature: _____

Date: _____

Name: _____

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

AIA Touching Lives – Corrective Heart Surgery Sponsorship
c/o Corporate Communications Department
Level 12, Menara AIA
99, Jalan Ampang
50450 Kuala Lumpur