



## KHAZANAH IHH HEALTHCARE FUND & PUBLIC DONATION APPEAL FORM

<b>PERSONAL DATA</b>			MRN No. :
Name :			Weight :
NRIC No / Birth Cert No :			
Birth Date :		Age :	Sex :
Address :			
Telephone No.:			
<b>FAMILY BACKGROUND</b>			
Father's Name :			NRIC No. :
Occupation :			Age:
Earning Per Month :			EA / Borang J:
Mother's Name :			NRIC No. :
Occupation :			Age:
Earning Per Month :			EA / Borang J
<b>No</b>	<b>Name</b>	<b>Age</b>	<b>School</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
<b>MEDICAL BACKGROUND</b>			
Type of illness as diagnosed by doctor- in -charge			
Name of Doctor & Clinic / Hospital Treatment recommended at :			
<b>PLAN OF ACTION /OBJECTIVE OF APPEAL (TO BE FILLED BY PARTNER)</b>			
Interview Date :		By (Name, Signature & NGO Stamp):	
Cost of Operation:			
<b>DOCUMENTS REQUIRED</b>			
Copy of NRIC			
Doctor's Letter			
Latest EA Form / Borang J			
Letter of Recommendation from Ketua Kampung			
Photo of patient and the house surrounding			