

**APPLICATION FORM FOR CHARITABLE GRANT
MSE & AMS ANGULLIA WAKAF**

A. PERSONAL PARTICULARS OF APPLICANT

NAME : _____
(As per identification documentation provided)

DATE OF BIRTH : _____

PASSPORT NO /
IDENTITY CARD NO : _____

OCCUPATION : _____

MAILING ADDRESS : _____

EMAIL ADDRESS : _____

TELEPHONE NO : _____ (Mobile) _____ (Home)
(Please provide at least 1 contact number)

MARITAL STATUS : Single / Married / Divorced / Widow(er)
(Please circle)

B. FAMILY PARTICULARS

NAME OF SPOUSE : _____

NRIC / PP. No : _____

DATE OF BIRTH : _____

OCCUPATION : _____

NAME(S) OF CHILDREN / FAMILY LIVING TOGETHER (in same address / household)

	NAME	DATE OF BIRTH (DD/MM/YY)	OCCUPATION	MONTHLY INCOME
1				
2				
3				
4				
5				

انجوليا وقف
ANGULLIA
WAKAF

C. OTHER PARTICULARS (Please state your relationship to MSE and/or AMS Angullia)

Please state whether you are direct or indirect descendant and how you are related to the testator.
Please tick

- Direct descendant Indirect descendant

State relationship:

Financial Assistance:

Are you receiving any other financial assistance? Yes / No
If YES, please state from where:
i) MUIS Amount S\$ _____
ii) Other Government Grants Amount S\$ _____
iii) Other Charities : _____ Amount S\$ _____

Do you have a bankruptcy trace? Yes / No
Please provide a copy of your letter of discharge (if applicable).

D. PAYMENT DETAILS

All payments will be via Bank Transfer, please provide all required information below.

Bank Account Holder Name
(Per Bank Account Statement) : _____
(Note: only Applicant's account, no third-party account payment)

Bank Account No. : _____

Bank Name : _____

Branch Code : _____

E. SUBMISSION OF APPLICATION FORM

Please submit your application **with** the following supporting documents, where applicable: -

- (1) Copy of front & back of **NRIC of applicant**; and proof of descendancy to MSE or AMS Angullia.
(For first time applicants only)
- (2) Copy of applicant's latest **Medical Report / History or Discharge Summary as endorsed by Certified Medical Practitioner** (if applicable)
- (3) (a) Employment Letter certifying current employment & salary **OR** latest 3 Months' Payslip
(b) IRAS Notice of Assessment (NOA) of the current year
(c) CPF Contribution History for last 12 months.
of both applicant and spouse.
- (4) Such other documents that the Trustees may request from the Applicant.
All applicants must without any exception furnish ALL supporting documents to enable the Trustees to process the applications accordingly. Applications without supporting documents or who fail or refuse to provide any document requested by the Trustees will NOT be considered.

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DECLARATION

I solemnly declare that the above declaration made by me are true and are in accordance with the tenets of Muslim Law and teachings.

I undertake to furnish the Trustees with such evidence or additional information as the Trustees may require from time to time.

I understand that in the event that any information is false, my application will not be considered for any grant now and in the future.

I agree that the quantum of charitable grant is decided by the Trustee and subject to annual review.

I agree that all decisions made by the Trustee shall be final and binding.

I agree to the use of my/our Personal Data as submitted, for the verification and processing purposes of this charity grant.

IMPORTANT NOTE:

- 1) Submission of application forms will have to reach us **ON / BEFORE 15th February. Late and incomplete applications will be rejected.**
- 2) Estimated payment period: **end-April**
- 3) This is a charity grant, therefore, **we do not encourage you to seek charity if you are able-bodied and still under employment, or having regular source of income**, as priority is set for elderly family members who have retired, with no regular income and/or the poor and needy under medical condition requiring financial support.
- 4) May Allah reward you for exercising proper judgement in your application to apply; only if you consider yourself to be needy and require charity.

SIGNATURE OF APPLICANT

DATE