MALAYSIAN LEPROSY RELIEF ASSOCIATION (MaLRA

Financial Assistance Application Form

For Hospital / Klinik Kesihatan use only

Please complete this form to apply for financial assistance. Submit to MaLRA HQ for review

No.	Details	Information
1	Full Name (as per IC)	
2	NRIC Number	
3	Married Status	☐ Single ☐ Married ☐ Divorced ☐ Widowed
4	Address	
5	Bank Name	
6	Account Holder Name	
7	Bank Account No.	
	Note:	Please attach a bank statement or document showing the account holder's name, bank name, and account number.
8	Contact Number	
9	Occupation	
10	Current employment status	Employed / Unemployed / Cannot work
11	Monthly Household Income	RM _____

B. Medical Information

No	Details	Information
1	Hospital / Klinik Kesihatan Name	
2	Diagnosis	☐ PB (Paucibacillary) ☐ MB (Multibacillary ☐ Other: _____
3	Current Treatment Status	☐ Under treatment ☐ Completed treatment ☐ Others _____
4	Duration of Treatment	☐ 6 months ☐ 12 months ☐ others_____
5	Doctor's Remarks / Condition Summary	

6	Is patient fit to work?	☐ Yes ☐ No
7	Attach supporting investigation results such as: • Slit Skin Smear (SSS) • Any other relevant results	
8	Additional Documents (if any)	

C. Type of Assistance Recommended

☐ Financial assistance
☐ Medical equipment
☐ Others (please specify): _____

D. Referring Officer Details

No	Details	Information
1	Name of Doctor / Medical Officer	
2	Designation	
3	Hospital / Klinik Kesihatan Stamp	
4	Contact Number	
5	Signature & Date	

E. For MaLRA HQ Use Only

No	Details	Information
1	Date Received	
2	Received by (Name)	
3	Approval	