



Sikh Welfare Council

Date: _____

Medical Equipment Request Form (TO BE COMPLETED BY CLIENT)					
ASSISTANCE REQUIRED:					
(A) APPLICANT'S INFORMATION					
Name (as in NRIC):				NRIC No.: <input type="checkbox"/> S'porean (Pink) <input type="checkbox"/> PR (Blue) <input type="checkbox"/> Long Term Visit Pass - Plus	Age:
Client's Address (as in NRIC)	Singapore ()				
Contact Details	(H)	(Hp)	Email		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Others _____	
Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others: _____			Religion	
Education	Employment status:		Salary:		
Spouse Information	Spouse Name: (_____) Spouse Employment Statuses: (Y/ N) Monthly Salary: (_____) If NO, statue why: (_____)				
Children Information	Children Name: 1) (_____) Age: 2) (_____) Age: 3) (_____) Age: 4) (_____) Age:				
Declaration	I declare that all the information given by me is true and have not withheld any material facts. I authorize the Sikh Welfare Council to obtain any information it may require in order to process this application form.				
Signature					
For Official Use					
Interview by:					
Approved by:					