



双福残障自强发展协会 (971063M)  
**DUAL BLESSING BHD.**  
 (non profit organisation)

The 17<sup>th</sup> "Sell toothbrush,  
 Grant a wish" campaign



**BUS SERVICES / CHINESE NEW YEAR ALLOWANCE /  
 DISADVANTAGED FAMILY ASSISTANCE**

Date:  |  | 20

Code: CY 2019 /

**APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION:**

- 1 full body photo
- 1 copy of welfare card
- 1 copy of IC
- 1 copy of latest payment slip

**APPLICATION:**

**BUS SERVICES** - Bus Routine:

To North (KL - Slim River - Ipoh - Penang - Kedah)  
 To South (KL - Seremban - Melaka - Muar - JB)  
 To East Coast (KL - Pahang - Terengganu - Kelantan)  
 Others: \_\_\_\_\_

Departure Date: 1ST FEBRUARY 2019 (Friday)

Number of companions: \_\_\_\_\_

Hometown: \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

**CHINESE NEW YEAR ALLOWANCE**

Note: The organizers will conduct home visits to understand more about their family status and issue faced by the applicants, after being reviewed, the organized will approve whether to provide bus service or transport allowance.

**DISADVANTAGED FAMILY ASSISTANCE**

Note: The organizers will conduct home visits to understand more about personal or family needs. Upon approval, assistance will be provided by Dual Blessing, or raise funds for new clothes or education fees.

**GRANT-A-WISH REQUEST (subject to approval):**

**PERSONAL DETAILS:**

Name: (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

IC Number: \_\_\_\_\_ Gender:  Male  Female Shirt Size:  S  M  L  XL

Contact Number: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Current Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Income: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Employer's Contact: \_\_\_\_\_

Type of disability: Polio/ Cerebral Palsy/ Spinal Injury/ Muscular Atrophy/ Intellectual Disabilities/ Visually Impaired/  
 Hearing Impaired/ Others: \_\_\_\_\_

Wheelchair user?  Yes  No Welfare Card No.: \_\_\_\_\_

Receiving allowance from government each month?  Yes  No

Receiving Accident insurance compensation benefits?  Yes  No

Marriage status:  Single  Married  Divorced Number of Children: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_ Spouse's Income: \_\_\_\_\_

The organizer can contact you via :  Phone Call  SMS  WhatsApp  WeChat

**DEADLINE: 15 DECEMBER 2018 (Application is on a first-come-first-served basis)**

**TERMS AND CONDITIONS**

1. Applicant must provide genuine details and information. The organizer has the right to cancel the applicant's applications if insufficient information or deception are found.
2. The organizer has the right to authorize any Dual Blessing volunteer to conduct home visits and to observe the applicant's home affairs, any applicant who is unwilling to accommodate this home visit, will not be eligible for the application.
3. The organizers have the right to use the applicant's information for media publicity purposes.
4. Successful applicants will be notified via a phone call/WhatsApp/SMS by the organizer.
5. Successful applicants are required to bring an ID card, welfare card and show the confirmation code received from the organizer on the day of the event.
6. Each household can only submit one application form, any double application will be ineligible for the program.
7. Applicants must agree to all the arrangements and final decision by the organizer, any complaints or objections will not be entertained.
8. The applicant has to agree to give the organizer full cooperation, any violation eligibility will be canceled.
9. The organizer reserves all the right to change the rules and regulations.

I hereby verify that the above information with this signature is correct and that I agree to all terms and regulations stated in this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Operating Hours:**

Time: 9:00 a. m. - 6:00 p. m.  
 Days: Monday to Friday

双福残障自强发展协会  
**Dual Blessing Bhd**

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