自立合作社
KOJADI
KOPERASI JAYADIRI MALAYSIA BERHAD
首要貸学金提供者
Premier Education Loan Provider

自立合作社社员抚恤金计划
KOJADI MEMBER'S BENEVOLENCE SCHEME
申请表格 APPLICATION FORM

(请以正楷填写 Please write in capital letters)

A. 逝世社员之个人资料 PERSONAL PARTICULARS OF DEMISED MEMBER

1. 与身份证相同之姓名 :
   Name as per NRIC :
   中文 (Chinese) :
2. 社员编号 KOJADI Membership No :
3. 身份证号码 NRIC No (New) : - - 旧 (Old) :

B. 承受人之个人资料 PERSONAL PARTICULARS OF NEXT-OF-KIN

1. 与身份证相同之姓名 :
   Name as per NRIC :
   中文 (Chinese) :
2. 身份证号码 NRIC No (New) : - - 旧 (Old) :
3. 年龄 Age : 4. 性别 Sex : 男 M 女 F 5. 关系 Relationship : _____
6. 地址 Home Address : _____
   _____ 7. 电话 Tel : _____

C. 所需文件 DOCUMENTS REQUIRED

1. 逝世社员所属身份证及死亡证书或埋葬证书之副本
   Photocopy NRIC and Death Certificate or Burial Certificate of the Demised Member
2. 承受人之身份证及与逝世社员之关系证明副本 (例如报生纸，结婚证书等)
   Photocopy of NRIC of the next-of-kin and documentary proof showing the relationship between the deceased member and the next-of-kin (eg. birth/marriage certificate)
3. 以上文件之副本须由警署警长，学校校长，医生，太平局绅，村长，自立合作社区代表、区联络委员或董事或任何董事会授权者签署鉴证
   All above documents shall be duly certified by a Police Officer, School Headmaster, Doctor, Justice of Peace, Penghulu, KOJADI Delegate, Member of KOJADI Liaison Committee / Board or such other person(s) authorized by the Board.

D. 承受人声明 DECLARATION BY THE NEXT-OF-KIN

我证实所提供的资料属实，并同意遵守上述《社员抚恤金计划》细则。本人了解自立合作社董事会有决定的权力批准或拒绝本人的此项申请； 也接受董事会针对此申请所引发的争执（如有）所作出的裁决， 且其决定为最后的决定。

I hereby declare that all the information given in this application form is true and that I agree to abide and bound by the terms and conditions stipulated in the Rules of KOJADI Benevolence Scheme.

I understand that the Board of KOJADI has the absolute discretion to approve or reject my application and I shall accept the Board's decision as final on any dispute pertaining to this application.

_____ _____

承受人签署 Signature of the Next-of-Kin 日期 Date

FOR OFFICE USE ONLY :

Date Received :	Approved / Not Approved :
Processed by :	Authorized Signature :
Date :	Date :
Verified by :	Payment Details :