



檳城世德堂謝公司

SEH TEK TONG CHEAH KONGSI

(PPM-001-07-12101951)
No. 8, Armenian Street, 10200 Penang. Tel: 604-261 3837 www.cheahkongsi.org.my admin@cheahkongsi.org.my

APPLICATION FORM FOR SCHOOL AIDS 助学金申请表

申请年份
Application for Year _____

姓名 (英) 正楷
Name In English:

姓名 (中) 性别 男 女
Name In Chinese: Gendar: Male / Female

地址
Address:

生日日期 年龄 身份证号码
Date of Birth: Age: NRIC No:

校名
School:

就读: 小学 / 中学 年级
Education: Primary / Secondary Standard / Form

父名 会员注册号码
Father's Name: Membership No.:

宗教 角头 身份证号码
Religion: Kark Thau: NRIC No.:

联络电话: 住家 手提 职业
Telephone: (House) (Mobile) Occupation:

日期 申请者签名
Date: Applicant Signature:



校长备注 余承认学生
Headmaster's/Principal's confirmation I confirm that

就读本校于公元
is a student of my school in standard/form this year

校长之签名和盖章
Signature of Headmaster / Principal & Chop

日期
Date

FOR OFFICE USE ONLY 仅限办公用途

日期
Date received:

申请号码
Application No.:

备注 许可 / 不许可
Remarks Recommended / Not Recommended

许可于信理会议
Approved at the Board of Trustees Meeting on

助学金收款人 School Aids Received by

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申请者签名 Signature of Applicant 日期 Date

检查人 Checked by,

主席签名
Chairman Signature
Name:

确定人 Confirmed by,

主席签名
Chairman Signature
Name: