

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

**APPLICATION FOR EYE TREATMENT SUBSIDY**

Name: \_\_\_\_\_

NRIC No: \_\_\_\_\_ Sex: M/F Age: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Nationality: \_\_\_\_\_

Residence: Own / Rental LC / Apt / Condo / SS / DS / B

Employment: Working / Retired RM: \_\_\_\_\_

Family Particulars: Married / Single

No	Name	Relationship	Employment	Monthly Income
1			Yes / No	
2			Yes / No	
3			Yes / No	
4			Yes / No	
5			Yes / No	
6			Yes / No	

All the particulars given in this form are true and I have not withheld any information required.

.....  
**Signature**

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**FOR OFFICE USE ONLY**

Approved for: **PARTIAL / FULL SUBSIDY**

Remarks: \_\_\_\_\_

\_\_\_\_\_

.....  
**Signature**

Name: \_\_\_\_\_