

Form A1

This form is designed to provide us with detailed information for any evaluation of your application for **Metabolic Basic Supply Assistance for Own Consumption** and does not constitute a binding obligation on our part to offer you the assistance.

There shall be no liability whatsoever in our part in relation to/or arising from our evaluation, acceptance or rejection of your application herein. We shall process the application herein as soon as possible but we shall not be held liable in any way for any unintentional delay.

**1. BUTIR-BUTIR PERIBADI PESAKIT PERSONAL PARTICULARS OF PATIENT**

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

No K/P I/C No : \_\_\_\_\_ Umur Age : \_\_\_\_\_

Jantina Sex : Lelaki Male / Perempuan Female

Tarikh lahir Birth date : \_\_\_\_\_ Taraf Perkahwinan Marital Status : \_\_\_\_\_

Bangsa Race : \_\_\_\_\_ Pekerjaan Occupation : \_\_\_\_\_

Pendapatan Sebulan Income per Month : \_\_\_\_\_

Alamat tempat tinggal Residential address :  
\_\_\_\_\_  
\_\_\_\_\_

Poskod Postcode : \_\_\_\_\_ No telefon Tel no : \_\_\_\_\_

E-mel Email : \_\_\_\_\_

Penyakit yang dihidapi Ailments suffered :  
\_\_\_\_\_  
\_\_\_\_\_

**2. BUTIR-BUTIR PERIBADI PEMOHON (DIISIKAN JIKA PEMOHON BUKAN PESAKIT)  
PERSONAL PARTICULARS OF APPLICANT (TO BE FILLED IN IF APPLICANT IS NOT THE PATIENT)**

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

No K/P I/C No : \_\_\_\_\_ Umur Age : \_\_\_\_\_

Jantina Sex : Lelaki Male / Perempuan Female

Tarikh lahir Birth date : \_\_\_\_\_ Taraf Perkahwinan Marital Status : \_\_\_\_\_

Bangsa Race : \_\_\_\_\_ Pekerjaan Occupation : \_\_\_\_\_

Pendapatan Income : \_\_\_\_\_

Alamat tempat tinggal Residential address :  
\_\_\_\_\_  
\_\_\_\_\_

Poskod Postcode : \_\_\_\_\_ No telefon Tel no : \_\_\_\_\_

E-mel Email : \_\_\_\_\_

3.SILA ISI LAMPIRAN I (BUTIRAN KEWANGAN PEMOHON / PESAKIT DAN ISI RUMAH) SERTA LAMPIRAN II (BUTIRAN PEMOHON / PESAKIT DAN AHLI KELUARGA) PLEASE FILL IN ATTACHMENT I (APPLICANT / PATIENT AND HOUSEHOLD FINANCIAL DETAILS) AND ATTACHMENT II (DETAILS OF APPLICANT / PATIENT AND FAMILY MEMBERS)

DOKUMEN-DOKUMEN YANG PERLU DILAMPIRKAN DOCUMENTS TO BE ENCLOSED

1.Surat pengakuan daripada doktor hospital yang mengesahkan penyakit yang dihadapi oleh pesakit.  
Letter from doctor of hospital certifying the ailment suffered by the patient.

2.Salinan kad pengenalan atau surat beranak pemohon, pesakit dan ahli keluarga. Photocopy of national registration card or birth certificate of applicant, patient & family members.

PENGAKUAN PESAKIT DECLARATION BY PATIENT

1. Saya I , \_\_\_\_\_

No K/P I/C No : \_\_\_\_\_

(a) memberi kuasa kepada do hereby authorise

\_\_\_\_\_

(b) dari from

\_\_\_\_\_

(c) untuk mendedahkan sebarang maklumat mengenai keadaan penyakit saya kepada mana-mana pihak berkuasa daripada Pemenga Amanah Alpro to reveal any information about my medical condition to any authorised person from Alpro Foundation.

2. Saya telah bersetuju dan dengan ini membenarkan pengumpulan dan pemprosesan maklumat peribadi / data peribadi saya oleh Pemenga Amanah Alpro. Untuk mengelakkan keraguan, Data Peribadi merangkumi semua data yang ditakrifkan di bawah Akta Perlindungan Data Peribadi 2010 termasuk semua data yang telah didedahkan kepada Pemenga Amanah Alpro di dalam Borang ini.

I confirm that the information I have provided is accurate and correct. I have agreed and hereby consent to the collection and processing of my personal information/personal data by Alpro Foundation. For the avoidance of doubt, Personal Data includes all data defined

3. Saya mengaku bahawa saya tidak mempunyai sebarang harta, simpanan atau pendapatan selain daripada yang dinyatakan di dalam permohonan ini.

I further declare that I have no property, savings or income other than that stated in the application.

4. Saya memahami bahawa sebarang maklumat yang tidak benar atau menyembunyikan fakta-fakta yang dikehendaki akan menjadi sebab untuk pembatalan atau pembayaran balik bantuan kewangan termasuk segala kos untuk peguam dan klien termasuk kadar faedah, sekiranya bantuan kewangan telah diluluskan.

I understand that a misrepresentation or omission of facts required will be sufficient cause for cancellation or reimbursement of the provision for relief including all costs on a solicitors and client basis and interest, if it is granted.

5. I declare and agree that Metabolic Basic is for my own consumption or for whom I applied for only. Should I sell or with intent to resell Metabolic Basic to anyone, Alpro Foundation and/or Alpro Pharmacy reserves every right to not sponsor me and can take legal action against me.

Tandatangan Signature : \_\_\_\_\_ Tarikh Date : \_\_\_\_\_

SILA KEMBALIKAN BORANG YANG LENGKAP DIISI SERTA DOKUMEN YANG DIPERLUKAN KEPADA: PLEASE RETURN COMPLETED FORM TOGETHER WITH SUPPORTING DOCUMENTS TO:

NO.2 JALAN PDS 4,  
PD SUNGGALA GATEWAY  
71050 PORT DICKSON,  
NEGERI SEMBILAN

**PATIENT FEEDING REGIME**

*Berat Badan* Current Body Weight:

*Ketinggian* Height:

*Berat badan menurun dalam jangka masa 6 bulan yang lepas?* Weight lost in the past 6 months?    *Ya* Yes    *Tidak* No

*Berat Badan 6 bulan* Body Weight 6 Months ago: \_\_\_\_\_

*Rejim pemakanan semasa* Current feeding regime:

1. Scoops per feed \_\_\_\_\_
2. Brand of Product for Feeding \_\_\_\_\_
3. How much Milliliters of water used per feed: \_\_\_\_\_
4. How many times a day: \_\_\_\_\_

**To be filled by Alpro Dieticians/Nutritionists:**

*Peratusan penurunan berat badan dalam jangka masa 6 bulan yang lepas* Percentage of body weight reduction in the past 6 months.    0-1.9%    2-5.9%    6-9.9%    10-19.9%    ≥20%

*Berat Badan Ideal* Ideal Body Weight:

*Cadangan tenaga harian yang diperlukan* Recommended daily energy requirement:

*Cadangan protein harian yang diperlukan* Recommended daily protein requirement:

*Rejim pemakanan menggunakan Metabolic Basic* Feeding regime with Metabolic Basic:

*Berapa packet Metabolic Basic yang dicadangkan untuk pasakit?* How many packs of Metabolic Basic is prescribed?

*Packet/Bulan* Pack/Month:

*Tandatangan* Signature

(Dietitian/Nutritionist/Pharmacist)

\_\_\_\_\_  
(Outlet)