



CTS WALK A JOG 2025

Chettiars' Temple Society - Sri Thendayuthapani Temple
15 Tank Road, Singapore 238065

MOTORISED WHEEL CHAIR APPLICATION FORM

Title

Full Name as in NRIC

Street Address

Address line 2

Postal Code

Date Of Birth

Gender

Male / Female

Race

Marital Status

No. of Children

Apartment Type: Rental Apartment / 3 Room / 4 Room / 5 Room /

Condominium / Private House

Home Tel No

Mobile No

E-Mail Address

Occupation

Family Income

Current Wheel Chair Type

Brief Description of Medical
Condition

(250 characters or less)

Personal Benefit of having a Motorised Wheel chair

(200 characters or less, include age groups, race & ethnicity, income levels, etc.)

Type of Request

Applied for any Grant Before Yes / No

If Yes please mention the
organisation name

Used Motorised Wheel
Chairs before

Yes / No

Any other Information

Referral Organization

Referred by

Phone Number

E-Mail Address

I am aware that my participation in this charity event may be published in different public media and social media. I shall therefore not hold the organizers or their volunteers and agents responsible for any kind of media publishing.

Applicant's Signature

Referral's Signature

Date

Date