

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

MOTORISED WHEEL CHAIR

APPLICATION FORM

Title	
Title	
Full Name as in NRIC	
Street Address	
Address line 2	
D (1C 1	
Postal Code	
Date of Birth	
Date of Birth	
Gender	Male / Female
Race	
Marital Status	
No. of Children	

Flat 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 Motorized Wheel chair	
(200 characters or less, inclu	ide age groups, race & ethnicity, income levels, etc.)	

Type of Request		
Applied for any Grant before	Yes / No	
If yes, please mention the organization name		
Used Motorized Wheel Chairs before	Yes / No	
Any other Information		
Referral Organization		
Referred by		
Phone Number		
E-Mail Address		
	on in this charity event may be published in different ore not hold the organizers or their volunteers and ageng.	_
Applicant's Signature	Referral's Name & Signature	
Date	 Date	

Note:

Submit the filled application to the Temple office or email us to **office@sttemple.com** on or before 7th September 2023.