



**APPLICATION FORM
STRATEGIC PARTNERS / MERCHANTS OF KENYALANG GOLD CARD**

To:
Director,
Sarawak Welfare Department
Wisma Kebajikan, Lot 4273, Block 14
Off Jalan Siol Kanan
93050 Kuching, Sarawak

Tel : 028-449577
Fax : 082-448741

Official Website : welfare.sarawak.gov.my
Email : welfare@sarawak.gov.my

Instruction: Please tick (√) in the appropriate box.

SECTION A: NATURE OF BUSINESS

- | | |
|--|--|
| <input type="checkbox"/> Medical / Rehabilitation services | <input type="checkbox"/> Government services |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Optical services |
| <input type="checkbox"/> Groceries / Supermarket | <input type="checkbox"/> Fitness & wellness |
| <input type="checkbox"/> Food Outlet | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Others. Please specify: |
| <input type="checkbox"/> Beauty services
(Spa/ facial/ massage/ nail/ hair salon) | _____ |

SECTION B: OWNER DETAILS

Name (Datuk / Dato / Datu / Datin / Prof / Dr / Ir / Mr / Mdm / Ms):

Organisation / Company Name:	Registration No:
Note: Please attach a copy of company trade license	

Position:

Contact Details:

Tel. No.: 1.....(office) 2.....(H/phone)
 3.....(Email)

SECTION C: PLEDGE OF SERVICE / STATEMENT OF INTENT BY OWNER

I solemnly pledge my company / organization to the service of humanity in particular by offering the following benefits for the elderly gold card with a detailed description in Section D. I also understand that the elderly refers to those aged 60 and over, and that the commitment made to this special group of people is on a voluntary basis.

TYPE OF BENEFIT:

- Discount / Rebate
- Free membership
- Free entrance
- Other benefits

SECTION D: DESCRIPTION OF INTENT (e.g. product, services, frequency and duration)

Signature:

Company's Stamp:

Date:

Note:

If your company / organization has more than one branches / outlets, please fill in and submit individual application forms.