



馬來西亞佛教僧伽總會僧伽醫藥資助金

Malaysian Buddhist Sangha Association Sangha Medical Assistance

C/O 132, Jalan Sultan Azlan Shah, 11900 Bayan Lepas, Penang, Malaysia T: 604-6414822 F: 604-6421896

- 宗旨 Objective 資助僧伽醫療費用，支付會員無法交付之醫藥費用。
To financially assist sangha members with their medical expenses.
- 範圍 Scope 只限本會會員及有須要協助者申請。
Members of MBSA in need of assistance.
- 基金來源 Source of fund 醫藥委員會之基金。
From funds of Medical Committee.
- 方法 Method
1. 由馬來西亞佛教僧伽總會常年大會中推選出的五位委員管理。
Managed by a five-person committee appointed at the general meeting of the MBSA.
 2. 申請之會員須出示依據所發出為期六個月之醫藥單據正本。
Application must be completed and accompanied by the original medical bills no later or within 6 month of date it is issued.
 3. 委員會將於接獲申請書後的一個月內處理申請書。
Application will be reviewed and approved or rejected within a month upon receipt of application.
 4. 只限本會會員申請。
Only MBSA members are eligible to apply.
 5. 所申請之費用每年不能超過 RM5,000。款額將有委員會決定。
Assistance shall not exceed Rm5,000 per year. The amount approved shall be decided by the Committee.
 6. 所有申請者須親子前來領取所申請之醫藥資助金。
Applicant must come in person to collect the Assistance.

申請表格

APPLICATION FORM

身份證姓名 _____ 法號 _____
Name as in I.C. _____ Dhamma Name _____

會員號碼 _____ 出生日期 _____
Membership No. _____ Date of Birth _____

寺名 / 師長德號 _____ 地址 _____
Name of Temple / Teacher _____ Address _____

醫院名稱 _____ 申請醫藥資助金款額 _____
Name of Medical Institution _____ Amount applied for _____

理由 _____
Reason(s) _____

申請者簽名 _____ 日期 _____
Signature of Applicant: _____ Date _____

推薦人法號 (須是會員) _____
Name of Recommender: (Must be MBSA Member) _____

推薦人簽名 _____ 日期 _____
Signature of Recommender _____ Date _____