

雪隆茶阳（大埔）两馆福利委员会  
 CHAR YONG & CHHA YONG FAY CHOON KUAN WELFARE COMMITTEE  
 新生儿奖励金申请表格  
 Application Form for Newborn Baby Incentive

一、申请者个人资料 Particulars of Applicant			
<b>会员姓名 Full Name:</b> (中 Chinese) : _____ (英 English) : _____		<b>年龄 Age</b>	
		<b>性别 Gender</b>	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
		<b>大埔 DABU</b>	镇                      乡
<b>身份证号码 My Kad No.:</b> (新 New) : _____		<b>会员号码 Membership No.</b>	
		<b>茶阳会馆</b> Char Yong	<b>茶阳回春馆</b> Chha Yong Fay Choon Kuan
<b>联络电话 Contact No.:</b> 住家 Home : _____ 手机 H/P : _____		<b>住家地址 Address:</b> _____ _____ _____ Postcode: _____	
<b>电邮</b> Email		<b>职业</b> Occupation	
二、新生儿资料 Particulars of Newborn Baby			
<b>婴儿姓名 Full Name:</b> (中 Chinese) : _____ (英 English) : _____		<b>性别 Gender</b>	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
		<b>出生日期</b> Date of Birth	
		<b>出生地点</b> Place of Birth	
<b>身份证号码</b> My Kid No.		<b>报生纸号码</b> Birth Cert. No.	

我谨此声明所填写之资料 and 提供的相关证明文件完全属实，且同意贵会对本人的申请所作出的任何决定。

I hereby declare and agree that all the information as provided and attached with this application form is true and accurate, and understand the Welfare Committee reserves full rights to make any decision.

\_\_\_\_\_  
 申请人签名 Signature of Applicant

\_\_\_\_\_  
 签署日期 Signature Date

## 隐私声明 Privacy Notice

1. 您为此表格所提供的个人资料仅限于申请新生儿奖励金之用。  
The personal data you have provided in this form (Personal Data) will be processed for the purpose of processing your Newborn baby incentive application.
2. 本馆将致力维护和确保不对外泄露您的个人隐私。  
We shall endeavour to safeguard and maintain the confidentiality of your Personal Data.
3. 若有第三方要求披露与您有关的个人资料，如：根据法律或法院的任何命令或判决，或针对政府相关机构作出回应；本馆有权利根据【2010年个人数据保护法令】行事。  
Kindly take note that certain Personal Data relating to you may be required to be disclosed to third parties, including but not limited to any person to whom we are compelled or required to do so under the law or in relation to any order or judgment of a court, or in response to a competent or government agency; and as otherwise permitted under Malaysian law, including without limitation, the Personal Data Protection Act 2010.
4. 本馆将尽力采取一切必要措施，仅限于向上述第三方披露您的个人资料。如有疑问，敬请电邮至 [secretariat@charyong.org.my](mailto:secretariat@charyong.org.my)，以限制您个人资料之处理方式。  
In this regard, we shall endeavour to take all necessary steps to only disclose relevant Personal Data to the aforesaid said third parties. Further, kindly note that you may email to us at [secretariat@charyong.org.my](mailto:secretariat@charyong.org.my) to limit how your Personal Data is being used or disclosed.

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### 确认及同意 ACKNOWLEDGEMENT AND CONSENT

我已阅读并理解以上隐私声明条款，并同意如上所述我的个人资料之处理方式。

I have read and understood the terms of this Privacy Notice and consent to the processing of my Personal Data as described above.

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签名 Signature

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姓名 Full Name

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身份证号码 NRIC NO

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日期 Date

**备注 Remarks:**

1. 申请人必须是雪隆茶阳（大埔）会馆 / 回春馆的会员。凡会员入会届满一年者，均具备申请资格。  
Applicant must be a member of the Char Yong and/or Chha Yong Fay Choon Kuan Association. Members whose admitted into Association more than a year are eligible to apply for the newborn incentive.
2. 申请者须在婴儿出生后的 24 个月内提出申请，逾期恕不受理。  
Applicant must submit the application within 24 months after the baby was born. Late submission will not be accepted.
3. 本福利委员会保留审批之权利，申请者不得异议。  
The Welfare Committee reserves the full rights to accept or reject an application and the applicant shall abide by the decision.

三、供委员会填写 For Office Use Only	
附件 Attached Documents	<input type="checkbox"/> 申请者身份证副本 Applicant's photocopy of IC <input type="checkbox"/> 新生儿报生纸副本 Newborn baby's photocopy of birth certificate <input type="checkbox"/> 结婚证书副本 Photocopy of Marriage Certificate <input type="checkbox"/> 其他文件（如有补充） Other Documents (if any)
两馆福利委员会审查 Welfare Committee Review	<input type="checkbox"/> 批准 Approved <input type="checkbox"/> D: _____ <input type="checkbox"/> ND: _____ <input type="checkbox"/> 不批准 Rejected* <input type="checkbox"/> 资料不足 Insufficient Information / Documents <input type="checkbox"/> 不符合申请条件 Requirements Not Fulfilled <input type="checkbox"/> 其他原因（如有补充） Other Comment (if any)  _____  审核日期 Approval Date: _____  主任签名及盖章： Signature & Official Stamp  _____ 名字 Name :