



## APPLICATION FOR NKF KIDNEY LIVE DONOR SUPPORT PROGRAMME

Kidney Donor  Kidney Recipient

Name: \_\_\_\_\_ (please underline surname)

NRIC No: \_\_\_\_\_ Nationality: \_\_\_\_\_

Tel No: \_\_\_\_\_ (H) \_\_\_\_\_ (HP) (O) \_\_\_\_\_

Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Accommodation:  Own  Rent  Family  Others \_\_\_\_\_

Type of Accommodation:  HDB Flat \_\_\_ Rooms  HDB Executive/Maisonette  Private Apartment/Condominium  
 HUDC  Shop House  
 Landed Property – Terrace/Semi-detached/Bungalow

### EMPLOYMENT INFORMATION

Current Status:  Retired  Employed Full-Time  Employed Part-Time  Unemployed

Current Occupation: \_\_\_\_\_ Current Gross Salary: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
S ( \_\_\_\_\_ )



**INSURANCE INFORMATION (To be completed by Donor only)**

I have MediShield Coverage:  No  Yes

I have a Living/Life/Critical Illness Policy with a private insurance company  No  Yes (please specify)

Name of Insurer: \_\_\_\_\_ Premium \$ \_\_\_\_\_ per month

\* Please furnish policy contract and premium invoice.

I declare that:

1. All the particulars given in this form are true and correct and that I have not withheld or falsified any information that is required in this application.
2. If I am found to have withheld any information or given any untrue or incorrect information, the NKF reserves the right not to accept my application or withdraw any subsidy given to me or terminate me from the Programme.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (dd/mm/yyyy)



# FAMILY INFORMATION

(Please list immediate family\* members and tick (✓) those living with the applicant. Please ensure that supporting documents are attached.)

Name of Immediate Family Members	NRIC No.	Date of Birth	Relationship to Applicant	Marital Status	Spouse Unemployed	No. of Children	No. of Children not working	Occupation (Designation)	Gross Monthly Income	Contact Number	
<i>Example: Syed Bin Albar</i>	<input checked="" type="checkbox"/>	S1234567A	01/01/1970	Daughter	Married	Yes	3	2	Supervisor	\$2000.00	9123 4567
	<input type="checkbox"/>										
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\* Immediate family refers to parents, all children (married/single, living together/apart).



## **Kidney Live Donor Support Programme**

### ***Mandatory Documents for Submission***

#### **Donor (Applicant) & Household Members<sup>1</sup>:**

1. Referral Form from Restructured Hospital
2. Clear photocopies of front & back of NRIC<sup>2</sup>/FIN/Special Pass/Foreign Passports for the donor and all household members who are 15 years old & above
3. Clear photocopies of birth certificates for all household members below 15 years old
4. Gross<sup>3</sup> monthly income above \$5,000; or are foreigners (i.e. non Singapore Citizens or non Permanent Residents)
  - To provide pay slips, employment letter or any income documents of the latest month for the donor and/or household members who are 21 years old & above
5. Donor or household members, who are mentally or physically incapacitated, are required to provide a doctor's memo with the same relevant information (dated within 6 months) as supporting document
6. Latest CPF "My Messages" (indicating Medishield Status)

#### **Donor's children who are not staying together:**

1. Clear photocopies of front & back of NRIC<sup>2</sup>/FIN/Special Pass/Foreign Passports for members who are 15 years old & above
2. Clear photocopies of birth certificates for members below 15 years old

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#### **Recipient & Household Members<sup>1</sup>:**

1. Clear photocopies of front & back of NRIC<sup>2</sup>/FIN/Special Pass/Foreign Passports for the recipient and all household members who are 15 years old & above
2. Clear photocopies of birth certificates for all household members below 15 years old
3. Gross<sup>3</sup> monthly income above \$5,000; or are foreigners (i.e. non Singapore Citizens or non Permanent Residents)
  - To provide pay slips, employment letter or any income documents of the latest month for the recipient and/or household members who are 21 years old & above
4. Recipient or household members, who are mentally or physically incapacitated, are required to provide a doctor's memo with the same relevant information (dated within 6 months) as supporting document

#### **Recipient's children who are not staying together:**

1. Clear photocopies of front & back of NRIC<sup>2</sup>/FIN/Special Pass/Foreign Passports for members who are 15 years old & above
2. Clear photocopies of birth certificates for members below 15 years old

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<sup>1</sup> Household members included all family members (whether related by blood, marriage and/or legal adoption) living in the same address as donor/recipient, i.e. parents, spouse, children, siblings, grandchildren, and children-in-law etc.

<sup>2</sup> For Full-time National Servicemen (NSFs) or SAF regular who do not retain their NRICs, 11B can be used as identification document instead.

<sup>3</sup> Gross monthly income refers to your basic income, overtime pay, allowances, cash awards, commissions and bonuses.