



ALS-FIN-25/01

You are required to submit supporting documents specified in Section IV, together with this form.

ABBOTT CARES ASSISTANCE SCHEME APPLICATION FORM - INDIVIDUAL

Section I: Applicant Particulars

NRIC No	Name (as in NRIC)	Age	Gross Monthly Income*
Home Address		Occupation	
Email		Phone Number	

Section II: Information on Other Household Members

Please include details (such as: children, parents, grandparents and/or siblings, as long as they are living in the same household).

S/ N	Name & Birth Cert/NRIC No	Relationship & Marital Status to Applicant	Age	Occupation	Gross Monthly Income*
1					
2					
3					
4					
5					
6					
Gross Household Income					

* Income should be reflected before CPF deduction.



Section III: Please fill in this section if application is made for a child, else go to Section IV

Child 1

Birth Certificate No	Child Name (as in Birth Certificate)	Age	Relationship of applicant to child
Product Requested		Quantity consumed daily (ml)	

Child 2

Birth Certificate No	Child Name (as in Birth Certificate)	Age	Relationship of applicant to child
Product Requested		Quantity consumed daily (ml)	

Section IV: Please fill in this section if application is for yourself/household member under your care, else go to Section V

NRIC	Name (as in Birth Certificate)	Age	Are you applying for yourself?
			Yes/No (Circle One)
Product Requested		Quantity consumed daily (ml)	

Section V: Supporting Documents

Please submit the following documents together with the application form.

Household members who are employed/self-employed are required to submit their:

- a) **Latest pay slip**
- b) **CPF statements for last 12 months**
- c) **Latest Income Tax Notice of Assessment**
- d) **NRIC copies of applicant and household members** listed in Section II. If there are dependent children with no NRIC, please submit copies of legal documents to show that they are staying in the same household.



Section VI: Declaration

I, _____, NRIC No _____, hereby certify the above information is correct and complete to the best of my knowledge. I undertake to refund the value of benefits if any of the information is found to be false later on. I accept that Abbott Laboratories (S) Pte Ltd can request for additional information from my household at any time during the duration of the assistance scheme.

Signature

Date

----- Please do not complete below, FOR INTERNAL COMPLETION ONLY-----

Total documents received: _____

Application: Approved / Rejected **Remarks:** _____

Recommendation: _____ **BUD/BUM:** _____

Approval (ND): _____ **Approval (FC):** _____ **Approval (RGM):** _____

Date: _____

Date: _____

Date: _____