

Serial. No:



PHOTOGRAPH

**PERSATUAN JURURAWAT MALAYSIA
(MALAYSIAN NURSES ASSOCIATION)**

STUDY LOAN APPLICATION FORM

A. PERSONAL INFORMATION. (Incomplete Form will be Rejected)		
1. Full Name (Block Letter)		
2. NRIC Number:		
3. Post held:		
4. Malaysian Nursing Board Reg. No.		
5. Working Address:		
6. Mailing Address:		
7. E-mail Address		
8. Telephone No.	Office:	H/P:
9. Amount requested:	<input type="checkbox"/> RM 1,000	<input type="checkbox"/> RM 2,000 <input type="checkbox"/> RM 3,000
10. Bank Account No:		
CIMB <input type="checkbox"/>	_____	MAYBANK <input type="checkbox"/>

B. MNA MEMBERSHIP		
1. Life Membership No:		
2. Date of Joining:		
3. Contribution towards the Activities of MNA. (please attach paper if applicable)		

C. COURSE PARTICULARS		
1. Name of University/University College:		
2. Address:		
3. Course Title:		
4. Duration of Course:		
5. Year of Commencement :		
6. Expected Date of Completion of Course (please attach letter from Head of the Program)		
7. Course Pursued	<input type="checkbox"/> Bachelor Degree	<input type="checkbox"/> Masters <input type="checkbox"/> PHD
D. GUARANTOR 'S PARTICULARS. (MNA life member or close family member)		
1. Full Name (Block Letter)		
2. NRIC Number:		
3. MNA Life member No. (if applicable)		
4. Home Address / Postcode:		
5. E-mail Address:		
6. Occupation:		
7. Telephone No.	Office:	H/P:
8. Relationship: (if close family member)		

SUBMISSION

All applications are to be mailed or handed to:

Hon. General Secretary,
 Malaysian Nurses Association,
 Wisma Jururawat,
 Lot 14A, Jalan Utara A,
 Off Jalan Utara,
 46200, Petaling Jaya.

AGREEMENT & DECLARATION

We (applicant and guarantor) agree & declare that all the information given above is true and if found not true, shall accept and abide by any decision made by Malaysian Nurses Association. We promise that Interest free loan will be reimbursed not exceeding 12 months after completion of the course. Legal action can be instituted by MNA after expiry of loan re-payment period if we failed to do as said.

Applicant

Signature :
Name (In Block Letters) :
NRIC Number:
Date :

Guarantor:

Signature:
Name (In Block Letters) :
NRIC Number:
Date :
Relationship:

Witness :

Signature:
Name (In Block Letters) :
NRIC Number:
Date :

Branch Chairman:

OFFICE USE ONLY

Approved

Not Approved

Signature:	Date:
Name:	Chairperson: