# BURSARY PROGRAMME FOR EMPLOYEES' CHILDREN APPLICATION FORM

#### **Application Procedure:**

- 1. Please type or write clearly.
- 2. If one parent is deceased, please submit death certificate.
- 3. Attach true copies of admission letter, academic transcripts/results, birth certificate and other relevant documents such as income tax notice of assessment of parent/guardian (if one is not employee of UMB Group).
- 4. Completed application form should be submitted by 31 July 2025 to: -

United Malacca Berhad 6th Floor, No. 61, Jalan Melaka Raya 8, Taman Melaka Raya, 75000 Melaka. Please attach recent photograph here

Name of Uni	versity							
Course of St by above Un								
Duration of course			ommencement of cours (mm/yyyy)	se	Completion of course (mm/yyyy)			
FINANCIAL ASSISTANCE								
Year received	Loan or scholars	hip	Name of organization/ other sources Amount per annum					
SECTION A:	PARTICULARS (	OF API	PLICANT					
Full Name (as	in IC)							
Home addres	s (Permanent)							
City/Town State Postcode								
l			Handphone i	no				
Email Address								
Nationality			Race		Date of Birth			
Sex Ma	le Female		Identity Card (New):					
Marital Status	Single		Married		Others			

## **SECTION B: ACADEMIC RECORD**

SPN	// "O" Level or Equ	ivalent Examina	ation Re	sults			
Nam	ne of Examination						
Sch	ool Name						
Yea	r commenced						
No	Subject	ts G	irade	No	Sub	jects	Grade
1				8			
2				9			
3				10			
4				11			
5				12			
6				13			
7				14			
STP	PM / "A" Level / Mati	riculation or Equ	uivalent	Exami	nation Results		
Nam	ne of Examination						
Sch	ool Name						
	r commenced			Year c	ompleted		
No		Su	bjects		·	ı	Grade
1							
2							
3							
4							
5							
SEC	TION C: OTHER QU	IALIEICATIONS	/ ^ \^ / ^ E	De .			
Year		Name of Examina	ition / Av	ward		Grade	/ Award
	I						
	TION D: ADDITION						
You may add any other information, which you consider relevant to us in assessing your suitability for the bursary award.							

### **SECTION E: INFORMATION OF FAMILY**

### **PARTICULARS OF PARENTS**

	4	Age					
Gross income	e per mo	onth					
Name and address of employer / own business (if one parent is not an employee of UMB Group of Companies in Malaysia)							
n IC):							
	4	Age					
Gross income per month							
Name and address of employer / own business (if one parent is not an employee of UMB Group of							
Companies in Malaysia)							
	yer / own business (if one parent is not an emp	Gross income per me yer / own business (if one parent is not an employee of	Age  Gross income per month				

## PARTICULARS OF ALL BROTHERS AND SISTERS (exclude applicant)

Name	Relationship	Sex	Age	Marital status	Occupation (if studying, state level of education and name of school/institution)	Tel no (home, H/p or office)	Gross income per month

1.	Have you ever	been convicted of a criminal offence?	
	No	Yes (If YES, Please state the charges)	
I dec	lare the informa	tion and copies of documents provided by me in this Application Form are	correct and
true	to the best of m	y knowledge. I fully understand and accept that, if it is found that a false	e declaration
has b	een made on th	nis form, the Company has the absolute right to disqualify my application.	
Signa	ature	i	
Nam	e of Applicant	i	
I/C N	0.	·	
Date		·	
SEC	TION G: CHE	CK LIST TO BE COMPLETE BY APPLICANT	
	Osmanlata d Am		Please Tick (√)
1.	Completed Ap		
2.		applicant's IC (Front & Back) / Birth Certificate	
3.		SPM / 'O' Level result	
4.	. ,	STPM / 'A' Level / Matriculation result transcript	
5.		University results, if applicable	
6.		from University	
7.		ring the course fee and tuition fee from the University	
8.	Academic Cer	tificate / Awards / Other qualification certificates	
9.		Parent's Form B/BE/EA/EPF/Pension Statement etc (if one parent is not	
	employee of U	MB Group of Companies)	<u>.                                    </u>
SEC	TION H: VERI	FICATION BY MANAGER (ESTATE/CENTRE)	
		sed and found to be correct.	
Signa	ature of Manage	r:	
_	e of Manager	·	
	e/Centre	·	
Date		·	
		Company's C	hop
F05	OFFICE 110F		
<u>FOR</u>	OFFICE USE		
Statu		Approved Rejected	
appl	ication	.,	

**SECTION F: DECLARATION**