



## Buddha of Medicine Welfare Society

Website: www.bmws.org.sg No. 11 Lorong 25 Geylang Singapore 388293

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### BMWS Fulfilling A Wish Program (愿海圆梦计划)

This is a BMWS welfare program for sponsoring the following item to the needy persons.

#### Application Criteria:

- 1) List of specific welfare organization that agreed to be in this program
- 2) Sponsorship will be based on
  - a) the recommendation from the welfare organization, or
  - b) recommendation from BMWS welfare officer after assessing the applicant's need.
- 3) Eligibility: Singaporean age 55 years old and above.
- 4) Sponsorship amount is limited to the lower of actual cash expense or the maximum limit as follow:  
Cataract Operation \$1,500 / Denture \$1,000 / Wheelchair \$500 / Spectacles \$150
- 5) Applicant must complete and submit the application form with a photocopy of his/her NRIC, PA Card and invoice within 2 months from invoice date. Application with incomplete information will be rejected. Late submission will NOT be entertained.
- 5) BMWS reserves the right to reject any application without giving reason.
- 6) Payment: a) the welfare organization pays first and get reimbursement later from BMWS or  
b) BMWS directly sourced for the sponsorship item.

#### Application Form:

##### A) Sponsorship category

Category	Cataract Operation	Denture	Wheelchair	Spectacles
Amount	\$1,500	\$1,000	\$500	\$150
Please tick				

##### B) Particulars of applicant

- 1) Full Name (English/Chinese): .....
- 2) NRIC No: ..... 3) Nationality: ..... 4) Gender: Male / Female
- 5) Date of Birth: ..... 6) Race: ..... 7) Religion: .....
- 8) Address: .....
- Postal Code ..... 9) Home No. .... 10) Hp No. ....
- 11) Receiving Public Assistance: Yes / No (If No, state gross income per month: S\$..... )
- 12) Welfare Organization: ..... (if applicable)

13) Price: \$..... (attach copy of quotation if applicable )

13) Reasons for application: .....  
.....

I hereby declare that the above particulars given, to the best of my knowledge, are true and correct.

.....  
Signature/date, applicant

.....  
Signature/stamp/date, Welfare Organization (if applicable)

**C) Welfare Organization Recommendation: (if applicable)**

We ..... would like to recommend that the above resident of our home to be sponsored for acquiring the selected category. We understand the sponsorship is governed by the criteria attached.

Authorized person/Designation/Signature: .....

Date: .....

**D) For BMWS official use only:**

Remarks: .....  
.....

Submitted by:.....

Approved by:.....

Signature/date: .....

Signature/date: .....

**Payment details:**

Invoice No & date:		Date paid:	
Name of payee:		Approved by:	
Amount paid:		Processed by:	
Cheque No:			