



OUTREACH SERVICES REQUEST FORM 社区伸展服务申请表格

Local Organiser 承办单位 : _____

Proposed Date 建议日期 : _____

Proposed Time 建议时间 : _____

Proposed Venue 建议地点 : _____

(Please enclose with event venue location map 请附上活动地点地图)

OUTREACH SERVICES 社区伸展服务

ESTIMATE TARGET PARTICIPANTS 预计人数: _____

(v)	SERVICES 服务性质	DESCRIPTION (Type of Service, participating unit) 说明 (服务的种类、参与的单位)
	Health Screening 健康检验	
	Public Services & Complaints 公共服务和投诉	
	Consultation & Application 咨询与申请服务	
	Public Awareness 公民醒觉	

CONTACT PERSON / EVENT COORDINATOR 活动协调人

Name 姓名 : _____

Designation (If Any) 职位 (如有) : _____

Contact 联络电话 : (H/P) _____ (O) _____

Email 电邮 : _____

Prepared By 准备,

Acknowledged By 批准,

.....

Name 姓名: _____

Date 日期: _____

.....

(Chairman 主席 / Secretary 秘书)

Name 姓名: _____

Date 日期: _____

Remarks 备注:

- Kindly submit this request form to foundation office 2 months before the event date
请在活动前 2 个月把申请表格呈交至基金会办事处
- Fax 传真: 2166 1888 / Email 电邮: contact@1mcafoundation.org.my

FOR FOUNDATION OFFICE USE ONLY 办公室专用		
Received By 接收人		EMAIL / FAX / POST 电邮/传真/邮寄
Received Date 接收日期		
Remarks 备注		