



慧嚴佛學會

The Mahaprajna Buddhist Society

慈善助委会

WELFARE SUB-COMMITTEE

关怀服务申请表格 CARING SERVICES REQUEST FORM

被关怀者资料 PERSONAL DETAILS OF CARE RECIPIENT

English Name _____

中文姓名 _____

联络号码 Contact _____

性别 Gender 男 Male 女 Female

宗教 Religion 佛教徒 Buddhist 非佛教徒 Non-Buddhist

是否曾经报读本会的佛学班课程?

Have you ever enrolled in Dharma class at the Society?

是 Yes _____ 届 Batch 华文 / English / 乐龄 / 佛学基础

否 No

申请者资料 PERSONAL DETAILS OF APPLICANT

English Name _____

中文姓名 _____

联络号码 Contact _____

与关怀者的关系 Relationship with Recipient _____

同意声明 CONSENT AGREEMENT

请到本网站 (www.tmbs.org.sg) 参阅资料保护政策中所列的本会活动。我在此同意慧严佛学会因为本会的活动的需要, 而依据《个人资料保护法令》收集、使用、披露和/ 或保留我的个人资料。

Please refer to the Data Protection Policy on the Society's website (www.tmbs.org.sg) for the list of the Society's activities. I hereby consent to my personal data to be collected, used, disclosed and/or retained by the Society for its activities, in accordance with the Personal Data Protection Act.

日期 Date _____ 申请者签名 Applicant's Signature _____