



THE INCORPORATED SOCIETY OF PLANTERS
PERGABONGAN PERSATUAN PELADANG
Company No. (275 T)

APPLICATION FOR IMMEDIATE RELIEF FUND PAYMENT

1. Name of member / IC no.: _____

2. Branch: _____
3. Membership no.: _____
4. Beneficiary's name and relationship: _____
5. Date of death**: _____
6. Current address of the beneficiary: _____

- Tel no.: _____ Fax no.: _____ Email: _____
7. Future address of beneficiary: _____
(if different from the above) _____
- Tel no.: _____ Fax no.: _____ Email: _____
8. ***If the amount was paid by the Branch:** To confirm with ISPHQ that the deceased is a member-in-benefit before payment is made to the beneficiary*
9. Amount to be paid: RM _____ only

Signature of Beneficiary

Name: _____

Date: _____

Signature of Witness

Name/Title: _____

Designation: _____

Date: _____

11. The Branch recommends that after checking the financial situation of the family, the IRF may be **PAID / NOT PAID**
(*Delete where appropriate)

Confirmed by: _____

Branch Chairman / Vice-Chairman / Secretary (*Delete where appropriate)

Signature: _____

Date: _____

****Important**

To provide the Immediate Relief Fund Form with the following documents:

1. Copy of death certificate
2. Next of kin's IC
3. Next of kin's bank book/statement that shows the account number and name
4. Copy of marriage certificate (if the next of kin is the spouse)
5. Copy of birth certificate (if the next of kin is the son/daughter)

For Office Use:

1. Member since: _____
2. Confirm payment up-to-date: (yes/no)
3. Confirmed by **Executive, Membership:**
(sign & date) _____
4. Confirmed by **Chief Executive**
(sign & date) _____