



**TOP GLOVE FOUNDATION**

**DONATION / SPONSORSHIP REQUEST FORM**

**Take Note: \*All donation/sponsorship requests must be submitted 60 DAYS PRIOR to event/function deadline. Only applicable to Malaysians.**

**Organization Information**

Name : \_\_\_\_\_

\*(Personal name is not allowed)

Company Registration No : \_\_\_\_\_ Tax Exempted receipt:  YES  NO

Address : \_\_\_\_\_

Contract No : \_\_\_\_\_ PIC: \_\_\_\_\_

Email : \_\_\_\_\_

Website : \_\_\_\_\_

NGO :  YES  NO

Register of IRB :  YES  NO (If yes, kindly submit)  
(Section 44 (6) ITA 1967)

Attach company Form 9

Register of JKM :  YES  NO (If yes, kindly submit)  
(Welfare Institution)

**Event Information**

Event Date : \_\_\_\_\_

Event Name : \_\_\_\_\_

Event Location : \_\_\_\_\_

Donation request (RM) : \_\_\_\_\_

Objective : \_\_\_\_\_

Beneficiary : \_\_\_\_\_

\*(To whom will this donation benefit)

Category :  Community  Education  Environment

:  Other please specify: \_\_\_\_\_

**Bank Details**

Bank Account Name : \_\_\_\_\_ Account No: \_\_\_\_\_



email to : [tgfoundation@topglove.com.my](mailto:tgfoundation@topglove.com.my)