



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 : _____

Contact Number : _____ PIC: _____

Email : _____

Website : _____

NGO : YES NO

Register of IRB : YES NO (If yes, kindly submit)

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

Attach Company Form 9

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 : tqfoundation@topglove.com.my