



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 (Section 44 (6) ITA 1967): [] YES [] NO (If yes, kindly submit)
Register of JKM (Welfare Institution): [] 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