



馬 來 西 亞 多 元 化 合 作 社
KOPERASI SERBAGUNA MALAYSIA BERHAD

BLOCK E-10-1 & E-11-1, MEGAN AVENUE 1, 189 JALAN TUN RAZAK, 50400 KUALA LUMPUR, MALAYSIA.
 P.O.BOX 10594, 50917 KUALA LUMPUR, MALAYSIA. TEL: 603-21668022 FAX: 603-21668187 E-MAIL: ksm@ksmberhad.com.my

社员抚恤金计划
KSM MEMBERS' BEREAVEMENT SCHEME
申请表 APPLICATION FORM
 (Please write in capital letters)

A. 逝世社员之个人资料 PERSONAL PARTICULARS OF DEMISED MEMBER

1. Name as per NRIC:

 中文(Chinese)若有:

2. 社员编号KSM Membership No:

3. 身份证号码NRIC No 新(New):

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 -

 旧 (Old):

B. 承受人之个人资料 PERSONAL PARTICULARS OF NEXT-OF-KIN

1. Name as per NRIC:

 中文(Chinese)若有:

2. 身份证号码NRIC No 新(New):

 -

 -

 旧 (Old):

3. 年龄Age:

 4. 性别Sex: 男M

 女F

 5. 关系Relationship: _____

6. 地址Home Address: _____

7. 电话 Tel: _____

C. 所需文件 DOCUMENTS REQUIRED

- 逝世社员所属身份证及死亡证书或埋葬证书之副本
 Photocopy NRIC and Death Certificate or Burial Certificate of the Demised Member
- 以上文件之副本须由马化区代表、区联络委员或董事或任何董事会授权者签署鉴证
 All above documents shall be duly certified by a KSM Delegate, Member of KSM Liaison Committee/Board or such other person(s) authorized by the Board.

我证实所提供之资料属实，并遵守上述社员抚恤金计划之细则。
 I hereby declare that all the information given in this application is true and that I agree to abide and be bound by the terms and conditions under the Rules on KSM Members' Bereavement Scheme.

承受人签署 Signature of the Next-of-Kin

日期 Date

D. 偿付授权人 FOR REIMBURSEMENT PURPOSE TO AUTHORIZED PERSON:

| | | |
|--|--|---------------------|
| Name as per NRIC of Authorized Person : 授权人姓名 | I hereby acknowledge receipt of payment. 我谨此声明经已接受授权人预支抚恤金。 | |
| KSM Membership No : 社员编号 | Signature of the next-of-kin : 承受人签署 | |
| Signature of Authorized Person: 授权人签署 | Date of Receipt: 接收日期 | Name as per NRIC姓名: |

FOR OFFICE USE ONLY:

| | |
|-----------------|-------------------------|
| Date Received : | Approved / Not Approved |
| Processed by : | Authorized Signature : |
| Date : | Date : |



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Rules On KSM Members' Bereavement Scheme

1. Introduction

These Rules shall be called "The Rules on KSM Members' Bereavement Scheme" (the Rules) formulated by the Board of KSM (the Board) to govern the scope and operation of the KSM Members' Bereavement Scheme (the Scheme).

2. Objective of the Scheme

To grant bereavement benefit to the next-of-kin of a demised member as a token of remembrance.

3. Effective Date

1 January 2008

4. Sources of Funds

The Scheme derives its sources of funds from the annual allocation made by the Board and / or from contribution or donation received by it from any sources from time to time.

5. Conditions Precedent

- (1) The Scheme shall be open to all qualified members who have paid up and / or own a minimum of RM100 shares each for at least three full calendar years.
- (2) New members will not qualify if death occurs before completion of the minimum three years membership.
- (3) A member who avails himself / herself for benefits under the Scheme shall be deemed to have agreed for all his / her shareholding in KSM to be transferred, upon his death, to his / her nominee(s) or next-of-kin.
- (4) One member is entitled to one benefit only under the Scheme.

6. Application for Benefit

- (1) Application shall be made in the prescribed form and submitted together with all relevant supporting documents such as certified copies of NRIC and death certificate or burial certificate to reach KSM within 180 days from the occurrence of death.
- (2) All applications not submitted to reach KSM within 180 days from the occurrence of death, for whatever reason(s) shall not be entertained and shall not be eligible to receive any benefit under the Scheme.
- (3) Incomplete application form will also be disqualified.

7. Quantum and Payment of Benefit

- (1) RM300.00 on the demise of one member.
- (2) Subject to compliance to the conditions in clauses 5 and 6, the payment of benefit will be released in such manner and at such place and time as the Board shall decide at its absolute discretion.

8. Amendments to the Rules and Cessation of the Scheme

The Board reserves the absolute right to revise the terms and conditions of these Rules from time to time and to cease the implementation of this Scheme at any time and from time to time, as it deems fit and necessary.



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马来西亚多元化合作社
社员抚恤金计划细则

1. 前言

本细则定名为“马化合作社社员抚恤金计划细则”（简称本细则），拟定马化合作社社员抚恤金计划（简称本细则）之范畴与操作程序。

2. 本计划之目标

在社员逝世后，向其家属付出抚恤金以示纪念及心意。

3. 生效日期

2008年1月1日

4. 计划之经费来源

本计划将获得由董事会所批准的年度拨款及/或来自各方面的捐款。

5. 先决条文

- (1) 本计划公开予所有合格之社员，既经已缴交以及/或拥有最少 100 令吉股金并且社籍已达到至少 3 年者。
- (2) 惟若社籍不足 3 年之新社员逝世，将无法在本计划下享益。
- (3) 凡在此计划下享有利益的社员将被视为同意一旦他逝世时，其在本社的股份将转让至继承人或有关的亲属。
- (4) 一位社员只能获得本计划下的一项利益而已。

6. 申请手续

- (1) 所有申请须填妥有关表格，并且连同呈上所有经已签证的辅助文件，譬如身份证及死亡证书或埋葬证书，于事故发生后 180 天内送达本社。
- (2) 没有于事故发生后 180 天内送达本社的逾期申请，不论任何理由皆不受理及不可享受此计划下的利益。
- (3) 不完整的申请表格将一概作废。

7. 利益数额

- (1) 300 令吉予一位逝世之社员。
- (2) 遵循第五及第六项条文，有关利益将可在董事会行使绝对权力下决定，在适合场面、适地及适时之下发放有关利益。

8. 修改细则与终止计划

董事会在必要时拥有随时修改及删除本细则条文以及终止本计划的权力。