

| Performance of Public Assistance Institutions for Incentive Application Form | | | | | | | |
|--|--|----------|---------------------|------|------------------------|----------|-------------------|
| Applicant Institution | Approval for Establishment | Date | Person-in-charge | | Address of Institution | Promoter | Contact Phone No. |
| | | Doc. No. | Title | Name | | | |
| | | | | | | | |
| Performance | | | | | | | |
| Verification and Comments By Authority | <input type="checkbox"/> 1 Premium performance in research and development of Public Assistance : (Please Specify) <input type="checkbox"/> 2 Particular contributions regarding operating Public Assistance : (Please Specify) <div style="text-align: right;">(Stamp of Authority)</div> | | | | | | |
| Official Signature | Head of Agency | | Business Supervisor | | Promoter | | |
| Note : Copy of evidence of performance should be prepared for verification | | | | | | | |