



YAYASAN KEMANUSIAAN DA SHENG

DONATION FORM

Name of Donor _____

Responsibility Department _____

Responsible In-charge person _____

If Applicable,

Name of Beneficiary _____

Beneficiary of the donation _____

Beneficiary Taxpayer ID _____

Type of Donation

Cash / Cheque
RM _____

In Kind
(which and how much)

Purpose of Donation _____

Destination _____

Tax Exemption (Yes / No)

Donor Name _____ Responsible In-charge person Name _____

For Office use

Account Department

i. Ensure that Beneficiary Institution complies with Law No 20.393

Complies No Complies
 Compliance Supporting documentation support

ii. Checking beneficiary Institution against lists associated with money laundering, terrorism, fraud, for example judiciary or tax fraud, among others

Complies No Complies

iii. Obtain a statement from the grantee institution stating that it is aware of Law No 20.393 and is not guilty of the offenses specified under this law (money laundering, terrorism financing and bribery of national or foreign public officials)

Complies No Complies

Welfare Department
Verified _____

General Services
Reviewed _____

CEO
Approval _____