## **COMPANY**



Please provide all information requested in the fields below and sign the accompanying statement.

		Company Information					
1.	Company Name						
2.	Type of Company (e.g., Non-profit, Educational, Charity, etc.):						
3.	Registration Number	· (if applicable) :					
4.	Phone Number:	5. E-Mail Address :					
6.	Address						
7.	Website (if any)						
8.	<ul> <li>Primary Contact Per</li> <li>Name</li> <li>Position/Role</li> <li>Phone Number</li> <li>Email Address</li> </ul>	Sponsorship Request Details					
	sponsorship)	hip (What are you having to achieve with this spansorship?)					
0.	Purpose of Sponsors	hip: (What are you hoping to achieve with this sponsorship?)					

## COMPANY



11.	Target Audience/Beneficiaries : (Who will benefit from this sponsorship?)
12.	Sponsorship Amount Requested:
13.	How will the Sponsorship Funds be used? (Provide a breakdown of how the funds will be allocated.)
14.	Event/Project Date :  Location :
	Past Sponsorship History
15.	Have you received sponsorship or financial support from Berjaya Cares Foundation or any companies related to Berjaya Corporation Berhad in the past?
16.	Yes No  If yes, please provide details:
	• Year(s) of Sponsorship:
	<ul> <li>Type of Sponsorship (e.g., monetary, in-kind, etc.) :</li> <li>Amount/Value of Sponsorship :</li> </ul>

# **COMPANY**



### **Supporting Documents**

17.	Please attach the following supporting documents to this request form:					
	<ul> <li>i. Sponsorship Proposal: (A detailed proposal outlining the event or project)</li> <li>iii. Organisation's Registration/Certificate of Incorporation (if applicable):</li> <li>iiii. Latest Financial Statements (to demonstrate the organisation's financial standing):</li> <li>iv. Event/Project Budget Breakdown</li> <li>v. Additional Supporting Documents (e.g., marketing materials, event schedule, etc.)</li> </ul>					
	Please specify the documents :					
	Action/Respons Preference					
18.	Preferred Contact Method : (Please choose one)					
	Phone In-person					
	E-Mail					
10	Dreferred Time for Contact :					

## **COMPANY**



Declaration

I,		certify that the information provided are true,
correct and complete.		
Name of Authorised Repr	resentative :	
Position/Role :		Contact Number:
Organisation Name:		
Signature :		
Date :		

**Submission Instructions** 

- 1. Please email this completed sponsorship request form to 🔯 <a href="mailto:bcf@berjaya.com.my">bcf@berjaya.com.my</a>.
- 2. Alternatively, you may send the compilation to:

#### **Berjaya Cares Foundation**

c/o Berjaya Corporation Berhad Group Corporate Communications Level 12, West Wing, Berjaya Times Square No. 1, Jalan Imbi, 55100 Kuala Lumpur Contact: 03-2149 1999

#### **Important:**

Please note that proof of delivery of this request form and supporting documents does not constitute confirmation of sponsorship. All requests are subject to review and approval by the relevant authorities.

Submissions of this form do not guarantee that the requested sponsorship or financial aid will be granted. The decision will be based on eligibility, available funds, and other criteria set by the sponsoring organisation.