

# HANDICAPS WELFARE ASSOCIATION

16 Whampoa Drive, Singapore 327725

Tel: (65) 62543006 Fax: (65) 62537375

## Application by a Foreigner to LOAN MOBILITY AND/OR INDEPENDENT LIVING AIDS

Name of Borrower	Address	Passport No.
Contact Numbers:		
Home Phone	Office Phone	Mobile Phone

**Please indicate the number of pieces you require in the box directly below the deposit amount of the equipment you intend to loan**

Deposits					Rental Charge per Week				
Wheelchair			Commode	Others	Wheelchair			Commode	Others
LW	Det	Std			LW	Det	Std		
\$450	\$350	\$250	\$200	\$70	\$40	\$30	\$20	\$20	\$15

Purpose of Loan	Duration of Loan	Expected Date of Return
-----------------	------------------	-------------------------

I agree to abide by the loan conditions laid down by the Association. I will also be responsible for maintaining the equipment borrowed in good working condition. I understand that the deposits may be forfeited if any of the conditions are violated.

\_\_\_\_\_  
Signature/Thumbprint of Borrower

\_\_\_\_\_  
Date

### FOR OFFICE USE

Administration fees (waived for members)

Number of Items

Admin fee at \$30 per piece

not refundable

Initial Rental Payment

not refundable

Total deposits

refundable upon return of items

**Total collected**

**Temporary Receipt No**

\_\_\_\_\_  
Signature of Social Service Staff

### RETURN OF EQUIPMENT

\_\_\_\_\_  
Signature/Thumbprint of Borrower

\_\_\_\_\_  
Date

