HANDICAPS WELFARE ASSOCIATION

16 Whampoa Drive, Singapore 327725

Application for:

LOAN OF MOBILITY AND INDEPENDENT LIVING AIDS

Name of Borrower	Address	Membership/NRIC No.

Contact Numbers:

Home Phone | Office Phone | Mobile Phone

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

Loan by Public					Loan by Member/HWA Volunteer				
Wheelchair			Commode	Others	Wheelchair			Commode	Others
LW	Det	Std			LW	Det	Std		
$315	$180	$150	$115	$45	$110	$60	$50	$40	$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 (First 3 pieces waived for members)

	Number of Items	
	Admin fee at $3 per piece	
or {	Admin fee at $20 flat for public, $10 flat for members	not refundable
	Total deposits	refundable upon return of items
	Total collected	

Temporary Receipt No _____

Signature of Social Service Staff

RENTAL RATES PER MONTH CHARGEABLE

3 Months After Loan by Public					6 Months After Loan by Member/HWA Volunteer				
Wheelchair			Commode	Others	Wheelchair			Commode	Others
LW	Det	Std			LW	Det	Std		
$45	$25	$20	$15	$6	$10	$5	$5	$5	$2

RETURN OF EQUIPMENT

Signature/Thumbprint of Borrower _____ Date _____

EXTENSION OF LOAN PERIOD
Record of Rental Payment

Number of Months	Amount Paid	Net Due Date	Remarks	Signature of Social Service Staff

ACKNOWLEDGEMENT OF ORIGINAL RECEIPT

I, _____, acknowledge that I was unable to produce the original receipt bearing the number, _____, when I returned the loaned equipment.

_____
Signature/Thumbprint of Borrower Date

CHEQUE REQUEST

Name of Payee: _____ Date Requested: _____

Deposit paid

Less Overdue rental

Repair charges

Donation to HWA

Amount to be refunded

Processed by		Verified by		Acknowledged by A/C	
Signature	Date	Signature	Date	Signature	Date

INTERNAL RECORD

Date refunded: Cheque No: