



MALAYSIA SWIMMING TEACHERS' ASSOCIATION

P.O.Box 1110, Jalan Semangat, 46870 Selangor. Malaysia.

(PPM 003-10-05032014)

Website: www.msta.org.my Email: customercarecare@msta.org.my

Tel: +6010-2282818

Sponsorship Form

Name: Age :.....

Gender: Female/ Male I.C.No:.....

Email:

Address:.....
.....
.....

Contact No:.....(H).....(O)(HP)

Monthly Income:.....Household Income:.....

Medical Conditions (if any):.....

Education Background:.....
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Reason for Sponsorship:.....
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DECLARATION

I,..... confirm that all the above information is genuine. I understand that any false declaration will immediately void my application.

Applicant's Signature

.....
Date: