**APPLICATION FOR INVESTMENT TAX ALLOWANCE**

**FOR A NEW PRIVATE HEALTHCARE FACILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Type of establishment:** | | |
|  | (a) | Private Hospital |  |
|  |  | or |  |
|  | (b) | Ambulatory Care Centre |  |

|  |  |
| --- | --- |
| **2.** | **Incentives approved by other government agencies (if any):** |
|  |  |
|  |  |

**A. PARTICULARS OF COMPANY**

1. Name of company: ………………………………………………….…................

2. Address of company: ……………………………………………………..............

……………………………………………………………………………………......

Telephone No. : ………………………… Fax No. : ……………..........…….

3. Name of contact person : …………………………………………………………..

Designation : ………………………………………………………………………...

Telephone No. : ……………………….. Fax No. : …………............………

4.Date of incorporation of company: ………………………...................................

(Attach a copy of the Certificate of Incorporation)

5. Company registration no. : ... ... .... ... ... ... ... ... ... ... ... .. ... .. ... ... ...

6. Income tax reference no. : ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ...

7. Income tax branch office : ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ...

8. Date of approval by the Ministry of Health : ………........................….............

(Attach a copy of the letter – Approval to Establish)

9. Date of registration with the Malaysia Healthcare Travel Council for promoting

healthcare travel: ………........................….....................................................

(Attach a copy of the registration)

10. Particulars of Directors

|  |  |  |
| --- | --- | --- |
| Name and residential address | Nationality | % shares held |
|  |  |  |

**B. PARTICULARS OF SERVICES / TREATMENT**

1. Please list the type pf services / treatment to be provided:

..................................................................................................................................

..................................................................................................................................

..................................................................................................................................

1. Estimated number of patients:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Malaysian** | **Foreign** | **Total** |
| Year 1 |  |  |  |
| Year 2 |  |  |  |
| Year 3 |  |  |  |
| Year 4 |  |  |  |
| Year 5 |  |  |  |
| **TOTAL** |  |  |  |

1. No. of beds: .......................

**C. PROJECT COST**

**RM**

1. Fixed assets

1. Land (specify area)\* …………………….....................

…………………………………

1. Buildings (specify built-up area)\* ………………............................

………………………………….

1. Machinery and equipment\* ……………………....................
2. Other equipment ……………………....................

Total fixed assets

**……………………......................**

2. Pre-operational expenditure ……………………......................

3. Working capital …………………….....................

Total

**==========================**

Note: \* If the land, building, machinery and equipment are rented/leased,

indicate the annual cost of rental/lease.

**D. FINANCING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | RM | | % |
| 1. | Authorised capital | ................... | |  |
| 2. | Paid-up capital |  | |  |
|  | (a**)** Malaysian individuals |  | |  |
|  | Bumiputera | ................... | | ............ |
|  | Non Bumiputera | ................... | | ............ |
|  | (b) Companies incorporated in Malaysia\* | |
|  | ..................................... | ................... | | ............ |
|  | ..................................... | ................... | | ............ |
|  | (c) Foreign individual/company  (Specify name and country) | |
|  | ..................................... …………………… | ................... | | ............ |
|  | ..................................... …………………… | ................... | | ............ |
|  | Total (a), (b) and (c) | **...................** | | **100%** |

|  |  |  |
| --- | --- | --- |
| 3. | Loan | RM |
|  | Domestic | ................ |
|  | Foreign | ................ |
|  | Total | **................** |
| 4 | Other sources (please specify) |  |
|  | .................................................  ................................................. | ................  ................ |
|  | Total | **................** |
|  | Total 2, 3 and 4 | **========** |

\* For 2 (b) provide equity structure as follows:-

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Bumiputera  (%) | Non Bumiputera  (%) | Foreign  (%) |
| ……………………………………… | ............ | ............ | .  ........... |
| ……………………………………… | ............ | ............ | .  ........... |

**E. EMPLOYMENT**

Please fill in where relevant

Please note that the information is required to enable the government to undertake the appropriate manpower planning to meet the specific manpower needs of companies proposing to establish projects in Malaysia.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employment  category | | Full-time employment | | | | | | Total | |
| Malaysian | | | Foreign | | | Malaysian | Foreign |
| Degree | Diploma/ Certificate | Others | Degree | Diploma/ Certificate | Others |
| 1. | Managerial staff |  |  |  |  |  |  |  |  |
| 2. | Medical |  |  |  |  |  |  |  |  |
|  | 1. Doctors |  |  |  |  |  |  |  |  |
|  | 1. Nurses |  |  |  |  |  |  |  |  |
|  | 1. Others (please specify)   ------------------------------- |  |  |  |  |  |  |  |  |
| 3. | Clerical and other workers |  |  |  |  |  |  |  |  |
| **Total** | |  |  |  |  |  |  |  |  |

Note:

\* If there is more than one location, please provide the same information on a separate sheet of paper

|  |  |  |  |
| --- | --- | --- | --- |
|  | Percentage of science and technical staff having degrees or diplomas with a minimum of 5 years experience (of the total workforce) | : | \_\_\_\_\_\_ % |
|  | Number of Staff with Post Graduate (ie. Masters/PhD etc) qualifications | : | \_\_\_\_\_\_ |
|  | In addition to the full-time employees as mentioned in the above tables, please provide the number of workers which are outsourced (not under the company’s payroll) | : | \_\_\_\_\_\_ |

**F. EMPLOYMENT BY INCOME**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employment  category | | Number of Persons Employed by Average Monthly Salary\* (RM) | | | | | | | |
| <3,000 | | 3,000-<5,000 | | 5,000-<10,000 | | 10,000 and above | |
| Malaysian | Foreign National | Malaysian | Foreign National | Malaysian | Foreign National | Malaysian | Foreign National |
| 1. | Managerial staff |  |  |  |  |  |  |  |  |
| 2. | Medical |  |  |  |  |  |  |  |  |
|  | 1. Doctors |  |  |  |  |  |  |  |  |
|  | 1. Nurses |  |  |  |  |  |  |  |  |
|  | 1. Others (please specify)   ------------------- |  |  |  |  |  |  |  |  |
| 3. | Clerical and other workers |  |  |  |  |  |  |  |  |
| **Total** | |  |  |  |  |  |  |  |  |

1. **ESTIMATED LABOUR COST AND EARNINGS**

1. ESTIMATED LABOUR COST - Salaries and Wages\*

|  |  |  |  |
| --- | --- | --- | --- |
| Year in Operation | Year 1 | Year 2 | Year 3 |
| Salaries and Wages (RM) |  |  |  |

Note:

\*Include wages, salaries, bonuses, social insurance contribution and all employee benefits

1. ESTIMATED EARNINGS

|  |  |  |  |
| --- | --- | --- | --- |
| Year in Operation | Year 1 | Year 2 | Year 3 |
| (a) Estimated Earnings before Interest, Tax, Depreciation & Amortization (EBITDA) (RM) |  |  |  |
| (b) Estimated Net Income After Tax (RM) |  |  |  |
| * Held in Malaysia as reserves (%) |  |  |  |
| * Remitted out of Malaysia (%) |  |  |  |
| * Reinvested in Malaysia (%) |  |  |  |

**H. MAJOR MACHINERY AND EQUIPMENT**

|  |  |
| --- | --- |
| Machinery and equipment | Cost  (RM) |
|  |  |

**I. DECLARATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I , |  | | | , the |  | |
|  | (name) | | |  | (designation) | |
| of | |  |  | | |

(name of company)

|  |  |
| --- | --- |
| (i) | hereby declare that to the best of my knowledge, the particulars furnished in this application are true. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (ii)\* | have engaged/is planning to engage the services of the following consultant for my application : | | | | |
|  |  | | | | |
|  |  | Company Name | : |  |  |
|  |  | Address | : |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | Contact Person | : |  |  |
|  |  | Designation | : |  |  |
|  |  | Telephone no. | : |  |  |
|  |  | Fax no. | : |  |  |
|  |  | E-mail | : |  |  |
|  |  |  |  |  |  |
|  |  | |  |  | |
|  | I take full responsibility for all information submitted by the consultant(s). | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | | |
|  |  | | | |
|  |  | | | |
|  |  |  |  |  |
|  |  | Date |  | (Signature) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | (Company’s stamp) |
|  | \*Please complete this section if the company has engaged/is planning to engage the services of consultant(s) to act on behalf of the company. Please provide information on a separate sheet of paper if space is insufficient | | | |