

Petra COVID-19 Relief Fund

Benefit Application Form - Hospitalization

Please fill out this form and submit a scanned copy of the completed form with a copy of the National ID stated on the form to care@petraonline.com or deliver a hard copy to the Petra office at No. 217 Airport West, Roman Ridge

Please complete all required fields (*)

1. Biographical Data ▼

Title	First name*	Middle Name	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender		Petra ID	Social Security Number/Petra ID*
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="text"/>	<input type="text"/>
Date of Birth(DD/MM/YYYY)*		National ID Type*	National ID Number *
<input type="text"/>		<input type="text"/>	<input type="text"/>
Address			Mobile Phone Number
<input type="text"/>			<input type="text"/>
E-mail Address	<input type="text"/>		

2. Benefit Information (Please tick the applicable boxes) ▼

Have you been officially tested for COVID-19? Yes No

Kindly provide the name of the hospital/testing facility

What was the result of your COVID-19 test Positive Negative

What was the date of the test? (DD/MM/YYYY) Were you hospitalized? Yes No

If you answered Yes above, In which hospital?

What was the date of hospitalization? (DD/MM/YYYY) What was the date of discharge? (DD/MM/YYYY)

3. Bank Account Information ▼

Bank Name	Account Name
<input type="text"/>	<input type="text"/>
Account Number	Bank Branch
<input type="text"/>	<input type="text"/>

4. Declaration ▼

i. I certify that the information given in this application form is accurate and complete.

Signature*

Date (DD/MM/YYYY)*