THE OLD AGE ASSISTANCE SCHEME ENACTMENT, 1982

THE OLD AGE ASSISTANCE SCHEME REGULATION, 1982

In exercise of the powers conferred by Section 16 of the Old Age Assistance Scheme Enactment, 1982 (hereinafter referred to as the "Principal Enactment") the Minister hereby makes the following Regulations.

1. Title and commencement.

These Regulations may be cited as the Old Age Assistance Scheme Regulations, 1982 and shall come into operation on the 1st day of October, 1982.

2. Interpretation.

In these Regulations: -

"Director" and "Minister" shall have the same meaning assigned to them by Section 2 of Principal, Enactment;

"Welfare Officer" means the Welfare Officer in charge of Welfare Services in the District.

3. Any person applying for financial assistance under Section 6 of the principal Enactment shall submit his application in the prescribed form in Schedule A together with the statutory declaration prescribed in Schedule B to these Regulations.

4. Duties of Welfare Officer.

- (1) Every application shall, in the first instance, be submitted to the Welfare Officer.
- (2) upon receipt of any such application the Welfare Officer shall -
 - (i) investigate the truth of its contents; and
 - (ii) certify the truth thereof.
- (3) The Welfare Officer shall refer the application upon certification by him to the District Committee for consideration.
- 5. The District Committee shall if it approves an application issue a certificate in the prescribed form in Schedule C to these Regulations to the applicant. Such certificate shall be prepared in triplicate, the original copy to be given to the applicant, the duplicate copy to be kept by the Welfare Officer in the district and the triplicate copy shall be sent to the Director.

6. **Provision for appeal.**

If the application of any such applicant is rejected the District Committee shall state its reasons for doing so and shall inform the applicant of his right of appeal to the Minister within 14 days from the date of rejection.

7. Rate of Payment.

- (1) An applicant whose application is approved by the District Committee in accordance with the principal Enactment and these Regulations shall be paid a monthly financial assistance at the rate of \$60.-
- (2) The payment of any such financial assistance shall personally be made to the person to whom such payment is payable. Payment to any proxy shall not be permitted.

8. Penalty.

Any person who contravenes any of the provisions of these Regulations shall be guilty of an offence and shall be punished with imprisonment which may extend to six months or to a fine not exceeding \$1,000 or to both.

Dated this 2nd day of September, 1982.

TOH PUAN HAJJAH RAHIMAH STEPHENS, Minister of Community Services.

Application No:	:					
		ATION FORM FOR FINANCIAL ASSISTANCE ER THE OLD AGE ASSISTANCE SCHEME (REGULATION 3)				
1.	I, Mr./Miss/	Mrs.				
		(name in capital letters)				
		(address)				
	hereby appl	ly for financial assistance under the Old Age Assistance Scheme.				
2.	I enclose herewith:					
	(i)	a Statutory Declaration sworned before a Magistrate/ Commissioner for Oaths;				
	(ii)	Letter of permanent residence in Sabah (For Malaysian citizens of Semenanjung Malaysia or Sarawak origin);				
	(iii)	Birth certificate, Identity card or Passport to show the applicant's age.				
3.	I understand that I may be required to furnish further information pertaining to my application.					
4.	I understand that the amount of financial assistance that may be granted to me will be for such amount as may be determined by the Government from time to time.					
5.	I further understand that it is an offence under:					
	(i)	Section 14 of the Old Age Assistance Scheme Enactment, 1982 punishable with \$2,000 or to imprisonment for a term up to twelve months or to both; and				
	(ii)	Section 199 of the Penal Code punishable under Section 193 of the same with imprisonment for a term up to three years and shall also be liable to a fine;				
	to give any information which is false in any material particular in this Application.					

Signature/Thumb Print of Applicant

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SCHEDULE B

FORM OF STATUTORY DECLARATION (REGULATION 3)

	the ap		this app	olicatior	n do sincerely ar belief:-					y me below	are true to
(A)	PER	SONAL P	AL PARTICULARS								
	1.	Name of	f Applica	ant:	2.	Sex:		3.	NRI	C No. and Co	olour:
	4.	4. Date of Birth:		5.	Place of Birth:		6.	Mala	Whether residence in Malaysia since 16th September, 1963.		
	7.	Marital S	Status:		8.	Citizenship:		11	Pos	tal Address:	
	9.	Race:			10.	Residential A	ddress:				
(B)	PARTICULARS OF MEMBERS OF THE FAMILY										
	12.	Name	NRIC No.	Age	Relationship with applicant	Occupation	Monthly income	Marital status	No. of Children	Type of property owned (if land, state the acreage)	other particulars
	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										
(C)	PAR	PARTICULARS OF PROPERTY									
	13.	Do	o you ow	n any:							
		La	ind?								
		Ho	ouse?								
		Sh	nop?								
		(lf	yes, give	e the loo	cality, area and u	use)					
	14. Is there any part of your land, shop and/or house rented out? If yes, how much do you receive mont				monthly?						
(D)	OCCUPATION										
	15.	Ar	e you en	nployed	l? (give name a	nd address of	employer)				
	16.	Ho	ow much	is your	monthly salary?	,					
	17.	lf u	unemploy	yed, sta	te your last plac	e of employme	ent and how	v much wa	s your salaı	' Y?	
(E)	INCO	ME AND	SAVING	3							
	18.	Ho	ow much	do you	earn from:						
		Er	nployme	ent	\$						
		Pe	ension		\$						

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Subsidiary Legislation							
		Rent	\$				
		Business	\$				
		Share and Bonus	\$				
		Sale of catch (if a fisherman)	\$				
	19.	How much is yo	our saving in the: -				
		Bank	\$				
		House	\$				
	20.	How much money do you receive from your wife/husband and children every month?					
	21.	Are you receiving any monthly assistance provided by the Government, Statutory Body or other Organisation at present?					
	22.	How much?	\$				
(F)	OTHEF	RPARTICULARS					
	23.	Are you staying wit	h your wife/husband and/or children	(state where?)			
	24.	If you do not have any source of income, property and/or saving, who support your livelihood and how?					
	25.	If you do not have a house of your own, where are you residing and how much is the rent per month?					
	26.	Give the name of any Native Chief, Village Headman, Community leader or Government Officer that you know:					
		Name:	Postal Address:	Telephone No :			
			solemn declaration conscientiously tatutory Declaration Act, 1960.	believing the same to be true and by, virtue of the			
				Signature/Thumb Print			
	Sub	scribed, and solemn	ly declared at on	the			
			day of	, 19			
				Before me,			
			Com	missioner of Oaths/District Officer as Magistrate.			
FOF	ROFFICIA	AL USE:					
A.	ТО	BE FILLED BY THE	DISTRICT WELFARE OFFICER				
	1.	Application No:		Received on			
	2.						
	2. 3.						
		Name of Applicant	t to Regulation 4:				

(a) I have investigated this application on

	(b)	all the information stated therein are true in every respect and I do make this certificate with full knowledge of the provision of Regulation 8 of the Old Age Assistance Scheme Regulations, 1982".
В.		(Signature & Name of Officer)
		COMMITTEE
		eetingday of

Chairman, Old Age Assistance Scheme District Committee.

SCHEDULE C

(REGULATION 5)

CERTIFICATE OLD AGE ASSISTANCE SCHEME ENACTMENT, 1982

This is to certify that the Holder of this certificate is eligible to receive financial assistance at a rate as determined from time to time by the Government of the State of Sabah and shall continue to be so eligible unless this certificate is cancelled by the Government by reasons that the Holder is no longer eligible to receive financial assistance under the said Scheme.
This certificate and the Holder's Identity Card must be produced to the officer concerned at the time of receiving such financial assistance under this Scheme.
This certificate is not transferable.
The financial assistance paid by the Government must be received by the holder himself.
In the event that this certificate is lost the holder must report thereof to the nearest police station and the Welfare Officer In-Charge of the District by subscribing an oath.

Secretary Old Age Assistance Scheme District Committee Chairman Old Age Assistance Scheme District Committee

Date:

District:

Signature/Thumb Print of Holder

July 2007