



Date Application Received:

Application Status: APPROVED NOT APPROVED

Date:

GAMELAN APPLICATION FORM NUMBER

FORM A

APPLICATION FOR GAMELAN (MATCHING GRANT)

NAME OF ACTIVITY / PROGRAM:

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A. APPLICATION INFORMATION	
Association / Company / Organisation Name	
Mailing Address	
Date of Establishment	
Registration Certificate (ROC) <i>-Please attached related document</i>	
Name of Applicant (To Contact)	
Designation	
Contact Number	Office:
	Mobile:
E-mail Address	
First Application	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Application	



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FORM B	APPLICATION FOR GAMELAN (MATCHING GRANT)
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B. ACTIVITY / PROGRAM DETAIL	
Activity / Program Name	
Date	
Activity / Program Duration	
Location / City / Country	
Name of the Organiser (Please tick /)	<input type="checkbox"/> Tourism Malaysia (HQ/Oversea/State) : _____ <input type="checkbox"/> Ministry / Government Department : _____ <input type="checkbox"/> State Government : _____ <input type="checkbox"/> Association / Industry Partner : _____ <input type="checkbox"/> Professional Bodies : _____
Target KPI (RM) (sales value)	

PROCEED TO FORM C TO COMPLETE THE APPLICATION FORM

I hereby DECLARE that the details furnished above are TRUE and CORRECT to the best of my knowledge.

SIGNATURE OF THE APPLICANT :

APPLICANT NAME :

DATE :

COMPANY / ASSOCIATION / ORGANISATION STAMP:

REMINDER
EARLY & COMPLETE application **must be submitted in 14 working days** before the actual date of activity / program. **LATE APPLICATION WILL NOT BE CONSIDERED.** Applications received **DURING** or **AFTER** activities / programs participated, will **NOT BE CONSIDERED.**

FORM C1	APPLICATION FOR GAMELAN (MATCHING GRANT)
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**C. INFORMATION ON COST & ROI OF THE ACTIVITY / PROGRAM
(TRAVEL FAIR / SALES MISSION / ROADSHOW)**

NAME OF ACTIVITY / PROGRAM :

APPLICATION BY :

ACTIVITY / PROGRAM			COST INVOLVED (RM)				RETURN ON INVESTMENT TOTAL VISITORS/BUYERS/SELLERS/ATTENDEES EXPECTED SALES/VALUE (VALUE IN RM)
DATE	ORGANISER (TM / TM PARTNER / OTHERS)	TARGET MARKET	PARTICIPATION FEE / BOOTH RENTAL *	AIR FARE*	LAND TRANSPORTATION (DOMESTIC ONLY) AIRPORT TRANSFER - 2 WAY (INTERNATIONAL ONLY)	ACCOMMODATION*	

* 3RD PARTY BILLS

I hereby **DECLARE** that the details furnished above are **TRUE** and **CORRECT** to the best of my knowledge.

SIGNATURE OF APPLICANT :

APPLICANT NAME :

DATE :

COMPANY/ ASSOCIATION / ORGANISATION STAMP :

FORM C2	APPLICATION FOR GAMELAN (MATCHING GRANT)
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**C. INFORMATION ON COST & ROI OF THE ACTIVITY / PROGRAM
(FAM TRIP)**

NAME OF ACTIVITY / PROGRAM :

APPLICATION BY :

ACTIVITY / PROGRAM			COST INVOLVED (RM)					RETURN ON INVESTMENT TOTAL VISITORS/BUYERS/SELLER S/ATTENDEES EXPECTED SALES/VALUE (VALUE IN RM)
PROGRAM DETAIL			FAM TRIP					
DATE	ORGANISER (TM / TM PARTNER / OTHERS)	TARGET MARKET	WELCOME DINNER / LUNCH (ONE ONLY) *	CULTURAL PERFORMANCE *	TOUR GUIDE FEE*	LAND TRANSPORTATION (VAN / TOUR BUS) *	ENTRANCE FEE*	

*3RD PARTY BILLS

I hereby DECLARE that the details furnished above are TRUE and CORRECT to the best of my knowledge.

SIGNATURE OF APPLICANT :

APPLICANT NAME :

DATE :

COMPANY/ ASSOCIATION / ORGANISATION STAMP :