**PHF 1 / PHF 2**

|  |  |  |
| --- | --- | --- |
|  | **APPLICATION FOR PRIVATE HEALTHCARE FACILITIES INCENTIVES –** **PRIVATE HOSPITALS /** **AMBULATORY CARE CENTRE** | **DOCUMENT CHECKLIST** |

|  |
| --- |
| **DOCUMENT CHECKLIST** |
| **Name of company :** | **Please****(√) once completed** | **Remarks****(for MIDA use only)** |
|  | Three (3) sets of completed PHF forms |  |  |
|  | Current SSM Super Form for Incorporation of the Company & Shareholding Companies / SSM e-Info |  |  |
|  | Current Income Tax Return Form - Form C\* |  |  |
|  | Current Audited Financial Statement\* |  |  |
|  | A Copy of Business Licence (if any)\* |  |  |
|  | The Company’s Corporate Group Structure (if any) |  |  |
|  | Land / Building’s Sales and Purchase Agreement (if any) |  |  |
|  | Artist Impressions / Pictures / Drawings of the Proposed Project (if any) |  |  |
|  | Approval for Establishment of the New Private Healthcare Facility from Ministry of Health (MoH) (Form 2)\*\* |  |  |
|  | Approval for Alteration (Expansion/Modernisation) or Extension (Expansion) of an Existing Private Healthcare Facility from Ministry of Health (MoH) (Form 6)\* |  |  |
|  | Curent Operating License of the Existing Private Healthcare from Ministry of Health (MoH) (Form 4 / 7)\* |  |  |
|  | Membership letter as ‘A Healthcare Facility for the Promotion of Healthcare Travel’ from Malaysia Healthcare Travel Council (MHTC)\* |  |  |
|  | **Note:****\* For an existing private healthcare facility, the documents as listed in (b), (c), (d), (e), (j), (l), (m) are compulsory to be submitted together with the application form.** |
|  |  **\*\* For a new healthcare private healthcare facility as listed in (k) is compulsory to be submitted together with the application form.** |

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| midalogoNew_coloured |  | **www.mida.gov.my** |
|  | **PHF-1***(24.07.2020)* |  |
|  |  |

**APPLICATION FOR INVESTMENT TAX ALLOWANCE**

**FOR A NEW PRIVATE HEALTHCARE FACILITY**

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

|  |  |
| --- | --- |
| **2.** | **Details of incentives, grants or any other assistance which has been granted by MIDA / other Ministries / Agencies to the applicant company (if any)** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Type of incentives / grants** | **Approval Date** | **Effective Date** | **Grants Amount** | **Activity** | **Ministry / Agency** |
|  |  |  |  |  |  |  |

Note:

* If the company is applying for incentive / grant from MIDA or other Ministry / Agency and the application is still under consideration, please provide the information in table above.
* Please attach the information as a separate attachment should there is insufficient space.

|  |  |
| --- | --- |
| **3.** | **Details of related company\* undertaking the same activity** **which has been granted by MIDA / other Ministries / Agencies to the applicant company (if any)** |
| (a) | Company name  |  |
| (b) | Company registration no. |  |

Note\*:

* As defined in the Promotions of Investments Act, 1986, a company shall be deemed to be a related company of another company if at least 20% of its issued share is owned, either directly or indirectly, by that other company

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Type of incentives / grants** | **Approval Date** | **Effective Date** | **Grants Amount** | **Activity** | **Ministry / Agency** |
|  |  |  |  |  |  |  |

Note:

* If the company is applying for incentive / grant from MIDA or other Ministry / Agency and the application is still under consideration, please provide the information in table above.
* Please attach the information as a separate attachment should there more than one (1) related companies.

|  |  |  |  |
| --- | --- | --- | --- |
| **4.** | **Details of No Objection On Location (Zoning Approval) from Ministry of Health Malaysia (MoH).** Company is required to provide a copy of Zoning Approval.

|  |  |
| --- | --- |
| Approval Date  |  |

 |

|  |  |
| --- | --- |
| Reference No.  |  |

**A. PARTICULARS OF COMPANY**

|  |  |
| --- | --- |
| 1. | (a) Name of applicant company:-(company which will undertake the project / business owner) |
|  |  |  |  |
|  |  |  |
|  | (b) Correspondence address: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
|  |  | Name of Company Liaison Officer: | Designation: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Telephone No.:  |  | Fax No.: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | E-mail: |  | Website: |  |
|  |  |  |  |  |  |
|  |  |  |  |
|  | (c) | Incorporation of Company. |  |
|  |  | Date of incorporation: |  | Company registration no.: |
|  |  |  |  |
|  |  |  |  |
|  |  | Income tax reference no.: |  | Income tax branch office: |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
|  | Details of holding / parent company (if any). Company is required to provide a copy of Corporate Group Structure together with the application form: |
|  | Company’s name  |  |
|  | Country of Origin  |  |
|  | Business activity(s) |  |
|  |
| 2. | Particulars of applicant company’s shareholders |
| Name of Shareholders | Nationality / Origin Country | % shares held in the company |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 3. | Particulars of board of directors of applicant company |
| Name of Directors | Nationality | % shares held in the company |
|  |  |  |
|  |  |  |
|  |  |  |

**B. PARTICULARS OF PRIVATE HEALTHCARE FACILITY PROJECT**

|  |  |  |
| --- | --- | --- |
| 1. | (a) | Name and location of private hospital / ambulatory care centre: |
|  |  | Project Name | Complete Address LocationAs per approval for establishment of the new private healthcare facility from Ministry of Health (Form 2)  |
|  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

##### C. PARTICULARS OF HEALTHCARE SERVICES / TREATMENT

1. Please list the type of services / treatments to be provided:
2. Estimated number of patients:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Malaysian** | **Foreign** | **Total** |
| Year 20.. |  |  |  |
| Year 20.. |  |  |  |
| Year 20.. |  |  |  |
| Year 20.. |  |  |  |
| Year 20.. |  |  |  |
| **TOTAL** |  |  |  |

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

**D. PROJECT COST**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Total |  |  |
|  |  |  |  | RM |  |  |
| 1. | Fixed assets\* |  |  |  |  |  |
|  |  |  |
|  | (i) | Land (specify area in hectares): |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |
|  | (ii) | Building and other built-up facilities (specify built-up area in m2): |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |
|  | (iii) | Machinery & medical equipment / devices |  |  |  |  |  |
|  |  |  |
|  | (v) | Others (please specify) |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **Total fixed assets**  |  |  |  |
| 2. | Pre-operational expenditure |  |  |  |  |  |
|  |  |
| 3. | Working capital |  |  |  |  |  |
|  | **Total project cost (1 + 2 + 3)**  |  |  |  |
|  |  |  |  |  |  |  |
|  | \* If assets are rented/leased, please indicate the annual  cost of rental/lease |
|  |  |  |  |  |  |
|  | (i) | Land(specify area in hectares): |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | (ii) | Building and other built-up facilities(specify built-up area in m2): |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | (iii) | Machinery & medical equipment / devices |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | (v) | Others (please specify) |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Total rental/lease**  |  |  |  |
|  |  |  |  |  |  |  |  |

**E. FINANCING**

|  |  |
| --- | --- |
|  **Capital Structure**  | **(RM)** |
| **Existing** | **New / Additional** | **Total** | **%** |
| **1. Shareholders’ Fund**  |  |
| (a) Paid Up Capital  |  |
| (i) Malaysian ndividuals  |  |
| * Bumiputera
 |  |  |  |  |
| * Non-Bumiputera
 |  |  |  |  |
| (ii) Company Incorporated in Malaysia\*  |
|  |  |  |  |  |
|  |  |  |  |  |
|  (iii) Foreign Nationals / Companies (specify Name and Nationality / Country of  Origin)\*\* |
|  |  |  |  |  |
|  |  |  |  |  |
|  **Total ( i + ii + iii)** |  |  |  | **100%** |
|  (b) Reserves  (excluding capital) appreciation) |  |  |  |  |
|  **Sub-total of 1 (a) and (b)** |  |  |  |  |
| **2. Loan**  | **(RM)** |
| **Existing** | **New / Additional** | **Total** |
| 1. Domestic

(specify name of the bank)  |  |  |  |
| 1. Foreign

(specify country of origin) |  |  |  |
|  **Sub-total of 2 (a) and (b)**  |  |  |  |
| **3. Other Sources**  **(please specify)**  | **(RM)** |
| **Existing** | **New / Additional** | **Total** |
| a) Eg.: Retained Earnings  |  |  |  |
| b) |  |  |  |
|  **Sub-total of 3 (a) and (b)** |  |  |  |
| **4. Total Financing:** **(1 + 2 + 3)** |  |  |  |
| **Malaysian Company Incorporated in Malaysia as indicated in 1 (a) (ii), please provide the equity structure as follows:** |
| **Name** | **RM** | **Bumiputera****(%)** | **Non Bumiputera (%)** | **Foreign (specify country) (%)** |
| **(Name of Company)** |  |  |  |  |
| **(Name of Company)** |  |  |  |  |
| **Ultimate Parent / Holding Company for Foreign Company as indicated 1 (a) (iii)** |
| **Name** | **Country of origin** |
| **(Name of Company)** |  |

**F. FIXED ASSETS INVESTMENT BY YEAR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Calendar****Year** | **Building and other****built-up facilities** | **Machinery / medical equipment / devices** | **Furniture and fittings** | **Others** | **Total****(RM)** |
| 20.. |  |  |  |  |  |
| 20.. |  |  |  |  |  |
| 20.. |  |  |  |  |  |
| 20.. |  |  |  |  |  |
| 20.. |  |  |  |  |  |

**G. EMPLOYMENT BY QUALIFICATION**

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. Medical Specialists / 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.

 **:**

 \_\_\_\_\_\_ %

1. Percentage of managerial science and technical staff having degrees or diplomas with a minimum of 5 years experience (of the total workforce)

 **:**

2. Number of Staff with Post Graduate (ie. Masters/PhD etc) qualifications

 \_\_\_\_\_\_

 **:**

 \_\_\_\_\_\_

3. 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)

3. If the company plans to **outsource** its production/ activities :

1. what is the estimated percentage from the total production/activities ……… %
2. the percentage of outsourced staff from company’s total employees ……… %

**H. 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. Medical Specialists / Doctors
 |  |  |  |  |  |  |  |  |
|  | 1. Nurses
 |  |  |  |  |  |  |  |  |
|  | 1. Others

(please specify)------------------- |  |  |  |  |  |  |  |  |
| 3. | Clerical and other workers |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |

Note:

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

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

**I. DATE OF COMMENCEMENT OF CONSTRUCTION / BUSINESS**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Date of commencement of construction : |  |  |
|  |  |  |
| 2. | Date of commencement of business : |  |  |

1. **MAJOR MACHINERY AND MEDICAL EQUIPMENT / DEVICES**

|  |  |
| --- | --- |
| Machinery and medical equipment / devices | Cost(RM) |
|  |  |

 Note: If insufficient space, please provide the same information on a separate sheet of paper.

**K. PROJECT IMPACT ASSESSMENT**

|  |
| --- |
| **A. INFORMATION ON COMPANY BASIS – for the whole operation** |
| 1. **Holding / Parent Company**
 |
| Company Name | Country of Origin | Activity | Ranking | Market Share |
|  |  |  | *Fortune 500 / Forbes Global 2000 / Malaysia 100* | *Top 5 in Global / Asia Pacific / ASEAN / Malaysia* |
| 1. **Applicant Company**
 |
| 1. Financial performance for the last 3 years (for existing company applying for grant only):
 |
|  | Year 1 (RM) | Year 2 (RM) | Year 3 (RM) |
| Revenue |  |  |  |
| Cost of sales |  |  |  |
| Gross profit |  |  |  |
| Administrative expenditure and other operational expenditure |  |  |  |
| Profit (Loss) before tax |  |  |  |
| Tax |  |  |  |
| Net profit (loss) |  |  |  |
| Reserve |  |  |  |
| 1. Labour productivity at enterprise level

***Year 1*** *refers to:*1. *New company – first year of the company starts the operation of its new project*
2. *Existing company – first year of the company start the operation of its expansion/diversification project*

***EBITDA****: Earning Before Interest + Tax + Depreciation + Amortization****Labour Cost****: Wages and salaries (including commisions, bonuses and benefits), remuneration and EPF/SOCSO paid by employers****Employment****: All categories of employees, including working directors/propreitors/partners, unpaid family workers and part-time workers* |
|  | Existing (latest financial year) | Year 1 | Year 2 | Year 3 |
| EBITDA (RM) |  |  |  |  |
| Labour Cost (RM) |  |  |  |  |
| No. of Employment |  |  |  |  |
| Labour Productivity (RM/worker)$$\frac{EBITDA+Labour Cost}{Employment}$$ |  |  |  |  |
| **B. INFORMATION ON PROJECT BASIS – for the proposed project only** |
| 1. **Estimated Revenue / Profit Before Tax**

*\*Year 1 refers to the first assessment year where the company starts its commercial operation**\*\*Revenue received by the applicant for services rendered to non-residents in the country and/or abroad* |
|  | Year 1\* | Year 2 | Year 3 | Year 4 | Year 5 |
| Revenue (RM) |  |  |  |  |  |
| * Percentage of Export\*\*
 |  |  |  |  |  |
| * Export destination (country)
 |  |  |  |  |  |
| Profit Before Tax (RM) |  |  |  |  |  |
| 1. **Capital Expenditure (CAPEX)**

*\*Value must be same as in the application form (fixed assets excluding land and building)**\*\*Local purchase – machinery & equipment are manufactured in Malaysia* |
| Machinery & equipment, furniture & fittings and other fixed assets(including warehouse and transportation equipment, medical devices, ICT equipment/Industry 4.0 - hardware and software, and other equipment used directly in the project) | Value\* (RM) | Percentage of local purchase\*\* (%) |
|  |  |
| Please indicate if the company invests in automation/digitalisation/Industry 4.0: |
|  | Value (RM) | Source of Technology (Malaysia or other countries) |
| Automation – machinery & equipment (technology by which a process or procedure is performed with minimal human assistance) |  |  |
| Digitalisation - information technology equipment (computers and related hardware); communications equipment; and software (includes acquisition of pre-packaged software, customised software and software developed in-house) |  |  |
| Industry 4.0 - big data analytics, autonomous robots, simulation, industrial internet of things, cyber security, horizontal and vertical system integration, cloud computing, additive manufacturing, augmented reality, artificial intelligence |  |  |
| 1. **Pre-operational Expenditure (Pre-OPEX)**

*\*Pre-operational refers to expenditures incurred prior to the commencement of operations. The value must be same as in the application form**\*\*Local spending – Payment made by company (applicant) for utilising services provided by resident companies and bodies of persons.* |
| Pre-operational Expenditure\* (*Examples: feasibility study, market research or survey)* | Value\* (RM) | Percentage of local spending\*\* (%) |
|  |  |
| 1. **Operational Expenditure (OPEX)**

*Note:*1. *Local spending – Payment made by company (applicant) for utilising services provided by resident companies and bodies of persons*

*(including salary & wage paid to local employees)*1. *Local Supplier – Sole proprietorship, partnership and locally incorporated company or by foreign company registered under the*

 *Companies Act 1965/Companies Act 2016 that supply services to their clients*1. *Operating expenditure* ***represent daily expenses*** *to run a business and not directly associated with production. The expenditure* ***exclude*** *the cost of production or cost of goods sold such as direct labour, direct materials, rent of production facilities, depreciation of production equipment and facilities, maintenance and repair of production equipment and facilities, utility cost for production facilities, interest expenses etc.*
 |
| Type | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Transportation services |  |  |  |  |  |
| Banking services |  |  |  |  |  |
| Insurance services |  |  |  |  |  |
| Legal services |  |  |  |  |  |
| Information & Communication Technology (ICT) services |  |  |  |  |  |
| Salary and wages |  |  |  |  |  |
| Others (such as rental, utilities, sales & marketing other professional services) Please specify:(i)(ii)(iii) |  |  |  |  |  |
| Total |  |  |  |  |  |
| Percentage of local spending (%) |  |  |  |  |  |
| 1. **Productivity Related Expenses**

*Note: this expenses is not included in OPEX**\*Note:** *Automation – technology by which a process or procedure is performed with minimal human assistance*
* *Digitalisation – information technology equipment (computers and related hardware); communications equipment; and software (includes acquisition of pre-packaged software, customised software and software developed in-house)*
* *Industry 4.0 – big data analytics, autonomous robots, simulation, industrial internet of things, cyber security, horizontal and vertical system integration, cloud computing, additive manufacturing, augmented reality, artificial intelligence*
* *Intellectual Property (IP) refers to patents, trademarks, copyrights, industrial processes and designs, trade secrets, and franchises*
* *Research and development (R&D) means any systematic or intensive study carried out in the field of science or technology with the object of using the results of the study for the production or improvement of materials, devices, products, produce or processes.*
 |
| Type | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Automation/Digitalisation/ Adoption of Industry 4.0 (non-CAPEX) |  |  |  |  |  |
| Intellectual Property (IP):* Charges for the use of IP
* Cost of registration and filing of IP
 |  |  |  |  |  |
| Research and development activities |  |  |  |  |  |
| Training of employees |  |  |  |  |  |
| 1. **Productivity Related Activities**
 |
| 1. Automation/Digitalisation/Adoption of Industry 4.0:
 |
|  | Name of Machinery/Equipment/ Hardware/Software | Function |
| Automation |  |  |
| Digitalisation |  |  |
| Adoption of Industry 4.0 |  |  |
| 1. Intellectual Property (IP):
 |
| 1. Using of IP
 |
| Type of IP | Owner of IP | Country |
|  |  |  |
| 1. Registration and filing of IP
 |
| Type of IP | Developed | Filed | Registered |
|  | Yes / No*If ‘Yes” – name of country* | Yes / No*If ‘Yes” – name of country* | Yes / No*If ‘Yes” – name of country* |
| 1. Generation of IP income
 |
| Type of IP | Annual Income (RM) |
|  |  |
| 1. Research & Development Activities
 |
| Name of R&D activities | In-house*(No. of R&D staff)* | Outsourcing to local incorporated companies*(Name of companies)* | Collaboration with local universities/research institutes*(name of local universities/research institutes)* |
|  |  |  |  |
| 1. Training of employees
 |
| Type of Training | No. of Malaysian Employee | In-house / external / overseas training | Collaboration with local universities/training institutes*(name of local universities/training institutes)* |
|  |  |  |  |
| 1. **Other Social & Environmental Measures**
 |
|  | Yes / No | Details |
| Industry-Academia Collaboration (other than R&D and training) |  | *Type of collaboration and no. of collaboration per year* |
| Structured Internship Programme for local students |  | *No. of students per year and qualification* |
| Apprenticeship Programme for local student |  | *No. of students per year and qualification* |
| Corporate Social Responsibility (such as scholarship, sponsorship, infrastructure development, contribution, etc) |  | *Type of CSR and no. of CSR per year* |
| Implement energy saving through energy efficiency or renewable energy or green building |  | *Type of energy saving and amount of saving per year* |
| Undertake recycling activity |  | *Type of recycling activity* |
| Utilisation of recycled materials |  | *Type of materials and source (Malaysia or other countries)* |
| Environment pollution (air, water, etc) |  | *If produce pollution, type of pollution control equipment installed* |

**M. DECLARATION**

|  |  |  |
| --- | --- | --- |
| I , |  | , the Managing Director of |
|  |  |

|  |  |
| --- | --- |
| (i)  | I hereby declare that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in denial or revocation of the certificate/incentive; |

|  |  |
| --- | --- |
| (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 or Seal) |
|  | \*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 |