



## INDUSTRY CERTIFICATION (INDCERT)

### COURSE FEE CLAIM FORM

#### PART 1 – GENERAL INFORMATION

Name & Address of Training Provider :	Telephone No. : Contact Person : Fax No. : E-mail :
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#### PART 2 – TRAINING PROVIDER'S DECLARATION

1. I hereby submit claims for course fee amounting to RM \_\_\_\_\_ for \_\_\_\_\_ trainees who attended the course \_\_\_\_\_

2. The training commences on \_\_\_\_\_ to \_\_\_\_\_ and the lists of trainees are as on page 2.

3. I declare that the claims are subject to the terms and conditions of Pembangunan Sumber Manusia Berhad.

4. I declare that all the information in the form and all accompanying information are true and correct and I have not provided any false or misleading information.

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Name of Officer In-charge : \_\_\_\_\_  
 (Managing Director / Principal / Training Center Administrator)

Position : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**REMINDER** : You are reminded that you will be prosecuted under the **Penal Code** and Pembangunan Sumber Manusia Berhad may at its discretion recover any amount paid, if false and misleading information or false and misleading documents are provided to obtain financial assistance.

#### Checklist for Training Provider

Claim Form PSMB/INDCERT/2/19

Invoice

Attendance Form PSMB/INDCERT/3/19

Copy of trainees' certification/assessment