



**PART III – PARTICULARS OF TRAINEES**


	Trainees Name	NIRC/(Mykad)	Signature
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**PART IV - DECLARATION**

I declare that the information and supporting documentation provided in this claim is true, correct and complete. I also declare that I will not use the same document to file another claim from other agencies except PSMB. PSMB reserves the right to inspect or obtain further documentation to support my claim, if necessary. I have read, understood and agree to be bound by **Section 41 of Pembangunan Sumber Manusia Berhad Act, 2001 (Act 612)**. PSMB shall, at its discretion, withdraw any training grant approved and recover immediately any monies that have been disbursed, if I were to give false or misleading statement or use any misleading documentation in obtaining training grants from the Human Resources Development Fund. I have read, understood and accept the terms and conditions under the training scheme.

SIGNED: ..... Date: \_\_\_\_/Month\_\_\_\_/Year\_\_\_\_

NAME : .....

DESIGNATION: .....  Company Stamp

Chairman / Managing Director / General Manager / Accountant /  
Manager / Executive – (Please specify designation)

**Checklist for employer**

Meal allowances- No document

Daily allowances- No document

Economy Rate of Airfare – Ticket / e-ticket or receipt & invoice