

REGISTRATION NO.

MyCoID

PSMB/SP/T2/12

CLAIM FORM
APPRENTICESHIP SCHEME TRAINING PROVIDER
PEMBANGUNAN SUMBER MANUSAI BERHAD

PART I – TRAINING PROVIDER DETAILS

1. Registration Name and Address : Tel :
Fax :
Email :

PART II – APPRENTICESHIP SCHEME NAME

2. Please tick (√) related scheme

- | | | | |
|-------------------------------------|--------------------------|----------------------------------|--------------------------|
| I. Mechatronic | <input type="checkbox"/> | V. Tool & Die (Maker) | <input type="checkbox"/> |
| II. Hotel Industry | <input type="checkbox"/> | VI. Tool & Die (Press Tool) | <input type="checkbox"/> |
| III. Plastic Injection Moulding | <input type="checkbox"/> | VII. Sewing Machine Technician | |
| IV. Wood-based Industry (Furniture) | | VIII Others (Please state) _____ | |

PART III – CLAIM DETAILS

3. State following details :

- I. Sponsoring session : Session ____/____
- II. Training Level : Level 1 Level 2 Level 3
- III. Training Date Start : _____
- IV. Training Date End : _____
- V. Total of Apprentice Involved (State in Part V) _____
- VI. Fee x Apprentice No. RM _____ x _____ RM _____ x _____ RM _____ x _____
- VII. Total Claim RM : _____ + RM : _____ + RM : _____

Grand Total = RM _____

PART IV - CERTIFICATION

4. I certify that the above claim are true and the relevant apprentice details with this claims are as Part V or

5. As appendix enclosed.

Signature : _____ Date : _____

Name : _____

Institution Stamp :

PART V – APPRENTICE NAME LIST
(Please attach a separate list if not using this column)

No.	Name	I/C No.	Sponsoring Employer
	Total		