

PSMB/RPEL/1/17(P2)	MYCOID	EMPLOYER CODE

**APPLICATION FOR FINANCIAL ASSISTANCE
UNDER PEMBANGUNAN SUMBER MANUSIA BERHAD ACT,2001 (ACT 612)
RECOGNITION OF PRIOR EXPERIENTIAL LEARNING SCHEME**

Only one copy of this form is required for each programme or level. All parts of this form must be duly completed. All information given will be held in the strictest confidence.

GENERAL INFORMATION

Types of Application [Please tick (/) in the appropriate box]

- New Application Training Grant Claim **(Please enclose receipt payment from DSD)**
- Training Grant Claim(International Body)
(Please enclose receipt and RPL Certificate/Approval Letter)

1. Registered Name Of Company and Address:-	Contact Person : _____ Telephone No. : _____ Fax No. : _____ Email : _____ Website: _____																																			
2. Name of Recognition Body:																																				
3. Information Of Candidate:																																				
<table border="0"> <thead> <tr> <th></th> <th><u>NAME</u></th> <th><u>NIRC/MYKAD</u></th> <th><u>GENDER</u></th> <th><u>LEVEL/CODE PROG.</u></th> <th><u>UNIT</u></th> <th><u>DESIGNATION</u></th> </tr> <tr> <th></th> <th colspan="5"></th> <th>(IF APPLICABLE)</th> </tr> </thead> <tbody> <tr> <td>(1)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(2)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>(3)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>NAME</u>	<u>NIRC/MYKAD</u>	<u>GENDER</u>	<u>LEVEL/CODE PROG.</u>	<u>UNIT</u>	<u>DESIGNATION</u>							(IF APPLICABLE)	(1)	_____	_____	_____	_____	_____	_____	(2)	_____	_____	_____	_____	_____	_____	(3)	_____	_____	_____	_____	_____	_____	
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(2)	_____	_____	_____	_____	_____	_____																														
(3)	_____	_____	_____	_____	_____	_____																														
(PLEASE ATTACH LIST OF CANDIDATE)																																				
4. Fees Requested:																																				
Certification fee (RM _____ x Number of Trainee _____ = Total RM _____)																																				
5. I/We declare that the facts stated in this application and the accompanying information are true and correct and that I/We have not withheld/distorted any material facts. I/We understand that if I/We obtain the grant by false or misleading statements, I/We may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act 2001 (Act 612) and in addition, PSMB may, at its discretion, withdraw the grant and recover immediately from us any amount of the grant that may have been disbursed.																																				
SIGNATURE : _____																																				
NAME : _____ (Chairman/Managing Director/General Manager/ HR Manager)+																																				
STAMP OF DESIGNATION: _____																																				
DATE :																																				

+Delete where inapplicable/* If applicable