



HRDF

**PENJANA HRDF
B40 DEVELOPMENT INITIATIVE**

Grant ID / Proposal No.	
MyCoID	

CLAIM FORM
[COURSE FEE / TRAINEE ALLOWANCE / STARTER KIT]

PART 1 – GENERAL INFORMATION

Name & Address of Training Provider:

Contact Person :

Email :

Phone No. :

PART 2 – TRAINING PROVIDER’S DECLARATION

Please tick (✓)

Training Delivery : Classroom Virtual Blended Others :

Mode of Training : Full Time Part-Time

1. I hereby submit claims for:
 70 % Remaining Course Fee

(a) Course Fee : RM (b) Allowances : RM (c) Starter Kit : RM (d) Exam / Certification : RM	1. For trainees who have attended the course with declared attendance rate at 80%; and 2. Have successfully become self-employed/employed.
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1. The training, commences on to and the lists of trainees are as on page 3.
2. I declare that the claims are subject to the terms and conditions of Pembangunan Sumber Manusia Berhad.
3. 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.

Name :

Position :
(Managing Director / Principal / Training Center Administrator)

Signature :

Date :

Company Stamp :

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		
Claimable Items	Supporting Documents	(✓)
Remaining 70% Fee • Inclusive of Trainee Allowance & Starter Kit, if any	Payment Voucher (trainees' allowances), if any	
	Attendance form PSMB/B40DEV/3/20	
	System generated attendance report (for online platform)	
	Claim form - PSMB/B40DEV/2/20	
	Itemised Invoice	
	Evidence of trainees generating income: <ul style="list-style-type: none"> • Pay slips / Offer letter (for employment); • Successful registration of business with Suruhanjaya Syarikat Malaysia, or proof of business transactions / agreement of business (for self-employment) 	
	Evidence of Starter Kit purchased for trainees, if any	
	Evidence of exam/certification fee paid to respective certifying body	
Summary of Output Assessment		
Please (✓) where applicable		

PART 3 – LIST OF TRAINEES				
No.	Name	NRIC No.	Contact No.	Attendance / Success Rate (%)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
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