

Grant ID / Proposal No.	
MyCoID	

PENJANA HRD CORP GERAK INSAN GEMILANG INITIATIVE (GIG)

CLAIM FORM – A FREELANCER [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					
I hereby submit claims for:					
70 % Remaining Course Fee (A Freelancer)					
(a) Course Fee : RM	4.5				
(b) Allowances : RM	For trainees who have attended the course with				
	declared attendance rate at 80%; and				
(c) Starter Kit : RM	2. Have successfully generating				
(d) Exam / Certification : RM	income as a Freelancer.				

aining				
commences on to				
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.				
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		(Managing Director / Principal /Training Center Administrator)		
nature	:			
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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 (generating income as a Freelancer) Inclusive of Trainee Allowance & Starter Kit (if any)	Payment Voucher (trainees' allowances), if any Attendance form PSMB/GIG/3/20 System generated attendance report (for online platform) Claim form - PSMB/GIG/2/20 Itemised Invoice				
	Successful registration of business with Suruhanjaya Syarikat Malaysia or proof of business transactions / agreement of business Service Agreement signed between trainee and company who assigned the freelancing job to trainee 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 Attendance / NRIC No. Contact No. No. Name Success Rate (%)