



Grant ID / Proposal No.	
MyCoID	

PENJANA HRD CORP INDUSTRIAL REVOLUTION 4.0 INITIATIVE (UPSKILLING & RESKILLING)

CLAIM FORM

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

<p>(a) Course Fee : RM</p> <p>(b) Allowances, if any : RM</p> <p>(c) Starter Kit, if any : RM</p> <p>(d) Exam / Certification : RM</p>	<p>For trainees who have attended the course with declared attendance rate at 80%</p>
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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	(✓)
Itemised Invoice	
Claim form - PSMB/PIIREV4/2/20	
Attendance Form - PSMB/PIIREV4/3/20	
Copy of Certificate of Completion of Training for each trainee, or Copy of Registration Examination Slip for each trainee, or Confirmation Letter by Certifying Body (For Professional Course)	
Evidence of examination/certification fee paid to respective certifying body (For Professional Course)	
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				
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