



Grant ID / Proposal No.	
MyCoID	

PENJANA HRD CORP SME DEVELOPMENT INITIATIVE

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/SMEDEV/2/20	
Attendance Form - PSMB/SMEDEV/3/20	
Copy of Certificate of Completion of Training for each trainee, or Copy of Registration Examination Slip for each trainee (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				
10				
11				
12				
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