

MSME APPLICATION FORM

NOTE

- Each MSME **employer** is required to fill in this form to acknowledge their employees' participation in the MSME Development Initiative.
- The maximum number of employees participating from each MSME **employer** is ten (10).
- One (1) complete application form is required for each course.
- All information provided will be treated as CONFIDENTIAL.
- The completed form is to be submitted by the **Training Provider** before training commences.
- A copy of the employee(s) MyKad is required.

SECTION 1: EMPLOYER INFORMATION

Company Name	
Company Registration No.	
Name of Person in Charge (PIC)	
PIC Details	i. Contact No:..... ii. Email Address:
Total number of employees (Full-time)	
Sector (*Please tick (✓) the relevant sector)	Manufacturing <input type="checkbox"/> Services and Other Sectors <input type="checkbox"/>
Appointed Training Provider	
Approved Course Title	
Training Date	

SECTION 2: EMPLOYER'S ACKNOWLEDGMENT

I/we with this confirm that the facts stated in this application and the accompanying information are true. I/we understand that if I/we or the company obtain this training grant due to false and/or incorrect statements, I/we or the company may be charged under Section 41 of the Pembangunan Sumber Manusia Act 2001 (Act 612). Furthermore, at its discretion, Pembangunan Sumber Manusia Berhad may revoke this training grant and immediately demand the repayment of any amounts already paid.

Signature :

Name :

Official stamp :

Date :

SECTION 3: EMPLOYEES' INFORMATION

No	Name of Employee (Malaysian Only)	Identification Card Number	Designation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			