

**MADANI GRADUATE SCHEME (SGM)  
PEMBANGUNAN SUMBER MANUSIA BERHAD ACT 2001  
JOINT DECLARATION FORM**

<b>1. Registered Name, MyCoID and Company Address</b>	
<b>2. Contact Person</b>	
<b>3. Telephone No.</b>	
<b>Employer Declaration</b>	
<b>4. Declaration:</b>  I/We certify that all the information stated in this claim and the accompanying information are true and correct and that apart from the claim, no other claims have been made regarding these expenses. All relevant documents pertaining to this claim are with us and can be inspected by the Pembangunan Sumber Manusia Berhad (PSMB) officer. I/We understand that I/we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act 2001 (Act 612) and PSMB may, at its discretion, withdraw the grant and recover immediately any amount of the grant that may have been disbursed, if I/we should give false or misleading statement or use any document that is false or misleading in obtaining payment of grants from the PSMB.	
<b>5. I/We hereby declare that I/we have complied with the terms and conditions of the grant awarded.</b>  Signature by authorised signatory:  Name:  Designation:  Date:  Company Rubber Stamp:	

**MADANI GRADUATE SCHEME (SGM)  
PEMBANGUNAN SUMBER MANUSIA BERHAD ACT 2001  
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**Graduate Trainee Declaration**

<b>1. Full Name</b>	
<b>2. I/C No.</b>	
<b>3. Name of the University</b>	
<b>4. Year Graduated</b>	
<b>5. Course/Level of Education</b>	
<b>6. Previous Work Experience (if any)</b>	
<b>7. Current Work Experience</b>	

**8. Declaration:**

I am responsible for the information provided above which is true and correct. All relevant documents pertaining to this claim are with my employer stated above and can be inspected by the Pembangunan Sumber Manusia Berhad (PSMB) officer. I/We understand that I/we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act 2001 (Act 612) and PSMB may, at its discretion, withdraw the grant and recover immediately any amount of the grant that may have been disbursed, if I/we should give false or misleading statement or use any document that is false or misleading in obtaining payment of grants from the PSMB.

**9. I/We hereby declare that I/we have complied with the terms and conditions for the grant awarded.**

Signature:

Name:

Designation:

Date:

Notes: