

SPONSORSHIP REQUEST FORM

Employee's Name		
Designation		
Department		
Date		
Details of Sponsorship		
Details of the requester		
1) Name of the		
institution/company		
2) Name of the personnel who		
request for the sponsorship		
Purpose of the sponsorship		
Description of the sponsorship		
Estimated or actual value		
(not exceed RM 1,000)		
Date of the event:		
Employee justification/ declaration to support the sponsorship		
Rationale to support sponsorship		
Is the requester known to the employee	Yes/ No	
If the above answer is 'Yes', please		
describe how long have you known		
the requester and state any past/		
current dealings that the Company/		
you have with the requester.		

Appendix II

I hereby disclosed the information herein with good faith and based on my best knowledge and evaluation, there is no potential conflict of interest on me or possible adverse impact to the Company.	
Signature of the Employee:-	
Decision on Sponsorship	
Approve to provide sponsorship or decline	Approve / Decline
Approved by the Compliance Officer:-	
Acknowledged by:	
Head of Department	