

MyCoID													
PSMB/FWT/T/1/11										Approval No.			

Employer Code No.									
Form Code 121									

**CLAIM FOR TRAINING GRANT UNDER
FUTURE WORKERS TRAINING SCHEME
PEMBANGUNAN SUMBER MANUSIA BERHAD ACT, 2001 (ACT 612)**

*This form should be submitted after the completion of training

PART 1 – GENERAL INFORMATION

Name and address of registered employer:	Contact officer:
	E-mail :
	Telephone No :

PART 2 – CLAIM PARTICULARS

Number of Trainee	Total Internal Trainer's Allowance (RM)	Total Meal Allowance (RM)	Total Trainee's Monthly Allowance (RM)	Total Amount of Consumable Training Material (RM)	Total Amount Claimed (RM)

PART 3 – CONFIRMATION OF ATTENDANCE BY EMPLOYERS

No.	Name of Trainee	NRIC Number	Attendance Exceeding 75%	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Note:

1. Please attach original receipt or certified true copy for protective equipment.
2. Please attach original receipt for insurance premium or insurance certificate or certified true copy
3. Please mark 'X' in the appropriate box.

PART 4 – EMPLOYER’S DECLARATION

1. I/We hereby submit claims amounting to RM_____ for _____ trainees who had attended the Future Workers Training Scheme at our premise.
2. List of trainees is as per page 1 and claims for daily allowances are for trainees whose attendance are 75% or more. I certify that all the trainees are Malaysian citizen.
3. I/We declare that all trainees, as listed in page 1 have been employed by the company.
4. I/We certify that all information in this claim form and the accompanying documents are true and correct. All expenses claimed have been paid by me/us in the implementation of the Future Workers Training Scheme. There are no other claims with regard to these expenses. All relevant documents pertaining to this claim are kept with us and can be inspected by Pembangunan Sumber Manusia Berhad. I/We understand that I/we may be prosecuted under Section 41 of the Pembangunan Sumber Manusia Berhad Act 2001 (Act 612) if I/we have given false or misleading statement or use any document that is false or misleading. Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the training grant and recover immediately any amount of the training grant that may have been disbursed to me/us.
5. I/We declare that I/we have complied with the terms and conditions for the financial assistance that is granted to us.

SIGNATURE : _____

NAME : _____

DESIGNATION : _____ DATE : _____

Chairman/Managing Director/General
 Manager/Company Secretary/Sole
 Proprietor/Partner/Accountant/Officer-
 in-charge (state the designation)+

+ Delete whichever is inapplicable