



DHIR & PARTNERS SDN BHD (800511-H)

No 23-2 , Jalan Mega, Pusat Perdagangan Mega , Jalan Sakeh 84000 Muar, Johor.

Tel : 06-9501006 Fax : 06-9593436 Emel : dhirpartners@yahoo.com

EQUIPMENT REQUEST FORM

| | |
|-----------------|--|
| Name | |
| ID No /IC No | |
| Department/Team | |
| Position | |
| Phone No | |

Equipment Requested Details:

| NO | ITEM | QTY | REQUEST REASON |
|-----|------|-----|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

By signing below, I agree to accept liability for the equipment listed below. I understand that should any lost occur of the equipment, I will be held fully responsible for the replacement of the equipment.

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|-------------------------------------|
| Requested by: ----- Date: |
|-------------------------------------|

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|---|
| Verified by: ----- (HOD Department) |
|---|

----- FOR OFFICE USE ONLY -----

| EQUIPMENT RECEIVE/ RETURNS | |
|----------------------------|--------------|
| RECEIVE DATE: | RETURN DATE: |

| |
|--|
| For Office Use Only: |
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|--|
| Approved By: ----- (FA DEPARTMENT) |
|--|