



# DHIR & PARTNERS SDN BHD (800511-H)

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## PENALTY FORM

Name	
I/C No	
Department/Team	
Position	
Phone No	

### Equipment Details:

No	Equipment	Label / Tagging No	Quantity	Condition of Item	Price (RM)

By signing below, I acknowledge that the above information is true and complete. With a sense of responsibility, I agree to pay the penalty with the price set by the company.

Sign by :  ..... Date :
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Checked by (Facility & Asset Dept) :  ..... Date :
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-----*FOR OFFICE USE ONLY*-----  
**HUMAN RESOURCES DEPARTMENT**

For office use only:
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Verified by :  ..... Date :
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