

ALLOWANCE CLAIM FORM

This form must be certified by the Manager / Head of Department and send to us by END OF EVERY MONTH throughout the period of internship. Please make copies at your end.

| | 1. | DETAILS OF INTERN | | | | | | | | | |
|----------------|--------|--|------------|---------------------------------------|---------------------|-----------------|---|----------------------|-----------------------------|--|--|
| | | Name | : | Muhammad Alif E | | | | | | | |
| | | Mobile Phone. No | : | 017-7649362 | IC Num | nber: _ | 021104-14 | -0183 | | | |
| | | Department | : | Digital Banking | | | | | | | |
| | | Period / dates to claim | : | From 01/09/2023 | | to | 30/09/202 | 3 | | | |
| | | Maybank Account No | | 1 6 2 2 | 6 3 | 7 | 3 1 | 7 | 7 0 | | |
| | 2. | TRAINING DAYS | | | | | | | | | |
| | | Total no. of days as per | period (| of claim | | | | - | 30 | | |
| | | (-) | | | | | | | | | |
| | | * Medical Leave | - Date(s | s) : | | | No. of da | y(s):_ | | | |
| | | * Leave Taken | - Date(s |): 01/09/2023, | 25/09/20 | 023 | No. of da | y(s):_ | 2 | | |
| | | Rest Days (Sat & Sun) | - Date(s |):_2,3,9,10,16,17 | ,23,24,3 | 30 | | | 9 | | |
| | | Public Holidays | - Date(| s): 28/09/2023 | 3 | | No. of da | | | | |
| | | · | ` | Total no. of actua | | days | = | | (Day Paid Leave) = 20 | | |
| *Kind super | ly at | Total pay as per workin tach the copy of the new | | , , | = Certifico | ate, Le | RM eave Form | | 1000 rified by immediate | | |
| _ | 3. | WE CERTIFY THAT THE ABOVE DETAILS ARE CORRECT | | | | | | | | | |
| | | Signature | : | | | | | | | | |
| | | Name of Manager | : | Rizwan Mohammed | Sheikh | De | signation | : | Head Digital Engineering | | |
| | | *Cost Centre & GL | : | 383_88411 (del & O | ps DB) | Da | ate | : | 26/09/2023 | | |
| Upon | comp | oletion, kindly submit the | allowan | ce claim form to us | s via ema | il to <u>as</u> | yahmi.mn@ | mayba | nk.com to be | | |
| delive | ered p | personally or by express o | delivery (| (Courier Service) to | the follo | wing a | ddress: | | | | |
| | | | GROUP | RESOURCING, GROU | JP HUMAN | N CAPIT | TAL | | | | |
| | | | | .OOR, MENARA MAY LAN TUN PERAK, 50 | | _A LUM | PUR | | | | |
| | | | , | MR. AHMAD SYAHM | | | | | | | |
| <u>Note</u> : | Subn | nission of "Allowance Clain | n Form" r | must be <u>1 week befo</u> | re cut-off | date (| 3 rd , 10 th , 16 | th, 25 th | of respective month). | | |
| | The p | ayment date are 7 th , 14 th , 1 | 22th, and | end of respective mo | onth. <u>It's c</u> | compul | sory to prov | ide Cos | st Centre & GL. | | |



APPLICATION LEAVE FOR INTERNSHIP

| Branch/I | Departm | ent | : Delivery & Ops D | igital Banking, Group | Date : | 29/08/2023 | | | |
|---|-----------|----------|---|--------------------------|---------------------|---|--|--|--|
| Name | | | : Muhammad Ali | f Bin Masrul Nizan | PF No. /Ref No.: | : 00152153 | | | |
| Internsh | ip Perioc | I | : Start Date: <u>10/0</u> | 7/2023 End Date: _ | 29/09/2023 | | | | |
| Nature o | of Leave: | V | Please tick whiche | ever applicable. | | | | | |
| | | / | Annual NOTE | | g to for the Bank t | may want to indicate to extend possible | ate the location/city assistance in the | | |
| | | | | Country: | City: | | | | |
| | | | Compassionate | , | , | | | | |
| | | | Marriage | | | | | | |
| | Number | of | Date of | Last Day | Last Leave | Less this | Balance | | |
| [| Days App | lied | Commencement | of Leave | Balance | Application | of Leave | | |
| | 1 | | 01/09/2023 | 28/08/2023 | 2 | 1 | 1 | | |
| During tl | he leave | , appli | cant can be contac | ted at: | | | | | |
| Address: | • | No 36 | 5, Jalan 9/9J Seksy | ven 9 Bandar Baru | Tel No | , | 017 7649362 | | |
| Addi 633 | | Bang | i | | | Emergency Contact No. : 019-286690 | | | |
| | - | | | | | | | | |
| Applicat | ion confi | rmod : | and recommended | by | * Applic | App ation Approved/De | licant's signature | | |
| Application confirmed and recommended b | | | and recommended | Бу | Аррисс | reaction Approved, Dectined | | | |
| | | | | | | ional Manager/Bra of Department | nch Manager/ | | |
| | | | | | G | rizmen | | | |
| Name / | PF No : | | | | Name | / PF No : Rizwan | Mohammed Sheikh | | |
| Designat | | | | | Design | | igital Engineering | | |
| Tel. No | / Ext : | | | | | o / Ext : 011 268 | | | |
| Date | : | | | | Date | : 29/08/2 | 023 | | |
| If declin | ed, plea: | se stat | e reason: | | | | | | |
| Note | * | | Delete whichever | is NOT applicable | | | | | |
| Note | # | # | Relevant documents must be submitted to support application where applicable. | | | | | | |



APPLICATION LEAVE FOR INTERNSHIP

| Branc | :h/Departn | nent | : Delivery & Ops Dig | gital Banking, Group | Date : | 21/09/2023 | | |
|--|---------------------------------|---|-------------------------|----------------------|-----------------------|---|--|--|
| Name : Muhammad Alif Internship Period : Start Date: 10/07 | | | | Bin Masrul Nizam | 1 | PF No. /Ref No.: | : 00152153 | |
| | | | | 7/2023 End Date: _2 | 29/09/2023 | | | |
| Natur | e of Leave | : V | Please tick whiche | ver applicable. | | | | |
| | | / | Annual NOTE: | - | to for the Bank | may want to indicato extend possible | ate the location/city assistance in the | |
| | | | | Country: | Citv: | | | |
| | | | Compassionate | | | | | |
| | | | Marriage | | | | | |
| | Numbe Days Ap | | Date of Commencement | Last Day of Leave | Last Leave Balance | Less this Application | Balance of Leave | |
| | 1 | | 25/09/2023 | 01/09/2023 | 1 | 1 | 0 | |
| Addre | ess: | Bang | i | en a Dandar Dard | Tel No Emerg | ency Contact No. : | 017 7649362 019-2866961 | |
| Appli | cation con | firmed | and recommended b | у | * Applic | App ation Approved/De | icant's signature | |
| | | | | | | ional Manager/Bra of Department | nch Manager/ | |
| | | | | | | Rizwo | <u>,</u> | |
| Desig | e / PF No nation No / Ext | : | | | Desigr | / PF No : Rizwan nation : Head Di o / Ext : 011 268 : 24/08/20 | gital Engineering 1 0786 | |
| If dec | clined, plea | ase stat | e reason: | | | | | |
| Note Note | | * | Delete whichever i | | ed to support app | olication where app | olicable. | |