

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 | : | luhammad Alif Bin Masrul NIzam | | | | | |
| | | Mobile Phone. No | : | 017-7649362 | _IC Numbe | r: <u>021104</u> - | -14-0183 | | |
| | | Department | : | Digital Banking | | | | | |
| | | Period / dates to claim | : | From 01/09/2023 | | to 30/09/2 | 2023 | | |
| | | 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 o | of claim | | | | 30 | |
| | | (-) | | | | | | | |
| | | * Medical Leave | - Date(s | s): | | No. of | f day(s): | | |
| | | * Leave Taken | - Date(s |): 01/09/2023, 2 | 5/09/2023 | | | 2 | |
| | | Rest Days (Sat & Sun) - Date(s): 2,3,9,10,16,17,23,24,30 No. of day(s): 9 | | | | | | | |
| | | Public Holidays | • | s): 28/09/2023 | , | | f day(s): | | |
| | | | - 400(| Total no. of actual v | working da | | | 2 (Day Paid Leave) = 20 | |
| *Kindi super | | Total pay as per workin tach the copy of the new | | | = ertificate | | m etc. ve | 1000 erified by immediate | |
| | 3. | WE CERTIFY THAT THE | ABOVE | DETAILS ARE CORRE | <u>CT</u> | | | | |
| | | Signature | : | | | | | | |
| | | Name of Manager | : | Rizwan Mohammed SI | neikh_ | Designation | ı : | Head Digital Engineering | |
| | | *Cost Centre & GL | : | 383_88411 (del & Ops | DB) | Date | : | 26/09/2023 | |
| Upon | comp | letion, kindly submit the | allowan | ce claim form to us v | ∕ia email to | o <u>asyahmi.m</u> | ın@mayba | ank.com to be | |
| delive | red p | ersonally or by express o | lelivery (| Courier Service) to t | he followir | ng address: | | | |
| GROUP RESOURCING, GROUP HUMAN CAPITAL | | | | | | | | | |
| | 44 TH FLOOR, MENARA MAYBANK 100, JALAN TUN PERAK, 50050 KUALA LUMPUR | | | | | | | | |
| | | | • | MR. AHMAD SYAHMI E | | | | | |
| <u>Note</u> : | Subm | nission of "Allowance Clain | ` | | | , | . 16 th , 25 ^t | th of respective month). | |
| - | The po | ayment date are 7 th , 14 th , 2 | 22th, and | end of respective mon | th. It's com | pulsory to p | rovide Co | ost Centre & GL. | |