

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.

Muhammad Alif Bin Masrul Nizam

DETAILS OF INTERN

	Name	:	iviunammau Ain Din iviastui Nizam	
	Mobile Phone. No	:	017-7649362 IC Number: 021104140183	
	Department	:	Digital Banking, Group Technology	
	Period / dates to claim	:	From 10th July 2023 to 31st July 2023	
	Maybank Account No		: 1 6 2 2 6 3 7 3 1 7 7 0	
2.	TRAINING DAYS			
	Total no. of days as pe	r period	of claim15	
	(-)			
	* Medical Leave	- Date((s) :No. of day(s) :	
	* Leave Taken	- Date((s) :No. of day(s) :	
	Rest Days (Sat & Sun)	- Date(s	(s): 15, 16, 22, 23, 29, 30 No. of day(s): 6	
	Public Holidays	- Date(e(s):No. of day(s):1	
			Total no. of actual working days =15	
*//:	Total pay as per working		730	
supervisoi		cessary	r forms i.e. Medical Certificate, Leave Form etc. verified by im	mediate
3.	WE CERTIFY THAT THE	ABOVE	E DETAILS ARE CORRECT	
	Signature	:	Qu'zwor.	
	Name of Manager	:	Rizwan Mohammad Shaikh Designation : Head, Digital	<u>Engineering</u>
	*Cost Centre & GL	: ;	383_88411 (Del & Ops DB) Date : 28th July	y 2023
Upon comp	oletion, kindly submit the	e allowar	nce claim form to us via email to <u>asyahmi.mn@maybank.com</u> to be	e
delivered p	personally or by express o	delivery	(Courier Service) to the following address:	
		GROUP	P RESOURCING, GROUP HUMAN CAPITAL	
		100, JA	FLOOR, MENARA MAYBANK ALAN TUN PERAK, 50050 KUALA LUMPUR	
Note: Cut-	mission of "Allowanes Claim	·	: MR. AHMAD SYAHMI BIN MD NASIR)	to month)
<u>note</u> . Subr	mssion oj Allowance Clair	ii rofmii i	must be 1 week before cut-off date (3rd, 10th, 16th, 25th of respective	<u>'e montnj</u> .

The payment date are 7th, 14th, 22th, and end of respective month. It's compulsory to provide Cost Centre & GL.