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| **ARTICULARS OF REQUESTER (To be completed by HOD/HOB/HOS/Immediate Superior)**  **ARB-ISO-74** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Requester | | | | | | | | | : | |  | | | | | | | | | | | | | |  | | Employee No. | | | | | | : |  | |  |
| Department/Subsidiary | | | | | | | | | : | |  | | | | | | | | | | | | | |  | | Location | | | | | | : |  | |  |
| Designation | | | | | | | | | : | |  | | | | | | | | | | | | | |  | | Contact No. | | | | | | : |  | |  |
| Signature of requestor | | | | | | | | | : | |  | | | | | | | | | | | | | |  | | Date of request | | | | | | : |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Note : Duly completed form with supporting documents must be submitted to GHCD 15 (working) days prior to commencement of training.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DETAILS OF TRAINING/COURSE (Please provide GHCD with the Brochure/Quotation, Trainer’s Profile & Course Outline)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Training/ Course Name | | | | | | | | | | | | | : | |  | | | | | | | | | | | | | | | | | | | | |  |
| Training/ Course Provider | | | | | | | | | | | | | : | |  | | | | | | | | | | | | | | | | | | | | |  |
| Address | | | | | | | | | | | | | : | |  | | | | | | | | | | | | | | | | | | | | |  |
| Telephone | | | | | | | | | | | | | : | |  | | | | | | | | | Fax No: | | | | |  |  | | | | | |  |
| Date/Time/Venue | | | | | | | | | | | | | : | |  | | | | | | | | | | | | | | | | | | | | |  |
| Training/ Course Fee | | | | | | | | | | | | | : | |  | | | | | | | | | | | | | | | | | | | | |  |
| Payment payable to | | | | | | | | | | | | | : | |  | | | | | | | | | | | | | | | | | | | | |  |
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| **PARTICULARS OF PARTICIPANTS (Please ensure each column is duly completed)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No** | | | **Name (as per I/C)** | | | | | | | | | | | | | **I/C Number** | | | | | | | **Designation** | | | | | | | | | | | | | |
| **1** | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |
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| **DETAILS OF TRAINING/COURSE NEEDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) Please specify needs and relevance of the training to your subordinate and department’s needs and objectives | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (b) Please justify why the training should be done overseas (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **REMARKS BY HEAD OF GROUP HUMAN CAPITAL DEPARTMENT (GHCD)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Remarks : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | : | |  | | | | | | | | | | Name :  Position: | | | |  | | | | | | | | | | | | | | | |
| Signature | | | | | : | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **REMARKS BY HEAD OF DEPARTMENT/DIVISION/ASSISTANT GENERAL MANAGER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date | | | | | : | |  | | | | | | | | | | Name :  Position : | | | |  | | | | | | | | | | | | | | | |
| Signature | | | | | : | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **REMARKS BY GCFO/GCIO/GCBO/GCSSO** | | | | | | | | | | | | | | | | | | | | **APPROVAL BY CHAIRMAN/GMD/CEO/MD** | | | | | | | | | | | | | | | | |
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|  |  | | | Recommended | | | | | |  | |  | | Not Recommended | | | | | |  | |  | | | | Approved | | | | |  |  | | | Not approved | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Remarks | | | | | | : | |  | | | | | | | | | |  | | Remarks | | | | | | : | |  | | | | | | | |  |
| Signature | | | | | | : | |  | | | | | | | | | | |  | Signature | | | | | | : | |  | | | | | | | |  |
| Date | | | | | | : | |  | | | | | | | | | | |  |  | | | | | |  | |  | | | | | | | |  |
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**Semakan 0: 23 August 2023**

**Declaration of Participant**

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| **DECLARATION BY PARTICIPANT** | | | | |
|  | | | | |
| * **I hereby authorize AmanahRaya Berhad to use my personal data for training purposes only.** * I agreed to attend the above course and present the content during ‘sharing knowledge’ session. | | | | |
| Date | : |  | Name :  Position: |  |
| Signature | : |  |  |
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| * **I hereby authorize AmanahRaya Berhad to use my personal data for training purposes only.** * I agreed to attend the above course and present the content during ‘sharing knowledge’ session. | | | | |
| Date | : |  | Name :  Position: |  |
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| * **I hereby authorize AmanahRaya Berhad to use my personal data for training purposes only.** * I agreed to attend the above course and present the content during ‘sharing knowledge’ session. | | | | |
| Date | : |  | Name :  Position: |  |
| Signature | : |  |  |
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| * **I hereby authorize AmanahRaya Berhad to use my personal data for training purposes only.** * I agreed to attend the above course and present the content during ‘sharing knowledge’ session. | | | | |
| Date | : |  | Name :  Position: |  |
| Signature | : |  |  |
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| * **I hereby authorize AmanahRaya Berhad to use my personal data for training purposes only.** * I agreed to attend the above course and present the content during ‘sharing knowledge’ session. | | | | |
| Date | : |  | Name :  Position: |  |
| Signature | : |  |  |
| **DECLARATION BY PARTICIPANT** | | | | |

**Semakan 0: 23 August 2023**