



SABAH AIR AVIATION SDN BHD (24758-U)
Sabah Air Building, Jalan Johor, off Jalan Selangor, Tanjung Aru, 88100 Kota Kinabalu Locked
Bag No. 113, 88999 Kota Kinabalu, Sabah
Tel : 6088 484491 ☎ Fax : 6088 484717 ☎ Email : safety@sabahair.com.my

INDEMNITY FORM

I wish to join Sabah Air Aviation for my industrial training for 24 weeks from 1 FEBRUARY 2021 to 16 JULY 2021 and abide by rules and regulations set by the company. I am fully aware of the possible risks and accept the same, notwithstanding the fact that this industrial training is intended only for those without medical problems and who are fit enough to indulge in this programme. I confirm that I am enrolling on my own volition and I shall not hold Sabah Air Aviation and its managements responsible or in my way liable for my death, injury, disability or any loss or damage whatsoever arising from any cause in connection with industrial training programme or my participation therein.

I hereby indemnify and agree to keep Sabah Air Aviation and its management fully indemnified against all claims, loss or damage whatsoever in respect of death, injury, disability or any loss or damage whatsoever arising from any cause in connection with my participation therein.

Personal Particular

Name : MUHAMMAD AMIR IDHAM BIN ABDUL MALIK

Gender : Male / Female

Institution / School / Academy Name & Address:

University Kuala Lumpur Malaysian Institute of Aviation Technology (UniKL MIAT)

Jalan Jenderam Hulu, Kampung Jenderam Hulu, 43900 Sepang, Selangor

Course :

NRIC No:

Email: amiridham46@gmail.com

Date of Birth: 03 MARCH 1997

Home No: -

Mobile No: 0193105603

Signature: _____

Date: 7/12/2020

Parent's/Guardian's Consent for participation below 21 years of age on date of the Enrolment

I consent to the above applicant, who is my child/ward* participating in the above programme and accept all legal other responsibilities connected with industrial training as outlined above.

I hereby indemnify and agree to keep Sabah Air Aviation and its management indemnified against all claims, or damage whatsoever in respect of my child's/ward death, injury, disability, or any loss or damage whatsoever arising from any cause in connection with industrial training programme or his/her participation therein.

ROHAYU BT ZAINAL@AB. HADI

Full Name of Parents/Guardian*

720119-03-5768

0173528557

Signature

12/7/2020

NRIC/Passport No

Contact No. (in case of emergency)

Date