



## 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 Farhan Iqbal Bin Mohd Faizal

Mobile Phone. No : 012-4702959 IC Number: 000527101757

Department : Digital Banking, Group Technology

Period / dates to claim : From 10th July 2023 to 31st July 2023

Maybank Account No : 

|  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |
|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|
|  |  |  | 0 | 0 | 8 | 0 | 3 | 8 | 7 | 1 | 9 | 9 | 5 | 7 |  |
|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|

### 2. TRAINING DAYS

Total no. of days as per period of claim 14

(-)

\* Medical Leave - Date(s) : 12 July No. of day(s) : 1

\* Leave Taken - Date(s) : - No. of day(s) : -

Rest Days (Sat & Sun) - Date(s) : 15, 16, 22, 23, 29, 30 No. of day(s) : 6

Public Holidays - Date(s) : 19 July No. of day(s) : 1


Total no. of actual working days = 15

Total pay as per working days @ RM50 per day = RM 

|     |
|-----|
| 700 |
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**\*Kindly attach the copy of the necessary forms i.e. Medical Certificate, Leave Form etc. verified by immediate supervisor.**

### 3. WE CERTIFY THAT THE ABOVE DETAILS ARE CORRECT

Signature : 

Name of Manager : Rizwan Mohammad Shaikh Designation : Head, Digital Engineering

\*Cost Centre & GL : 383\_88411 (Del & Ops DB) Date : 28th July 2023

Upon completion, kindly submit the allowance claim form to us via email to [asyahmi.mn@maybank.com](mailto:asyahmi.mn@maybank.com) to be delivered personally or by express delivery (Courier Service) to the following address:

GROUP RESOURCING, GROUP HUMAN CAPITAL  
44<sup>TH</sup> FLOOR, MENARA MAYBANK  
100, JALAN TUN PERAK, 50050 KUALA LUMPUR  
(ATTN: MR. AHMAD SYAHMI BIN MD NASIR)

**Note:** Submission of "Allowance Claim Form" must be **1 week before cut-off date (3<sup>rd</sup>, 10<sup>th</sup>, 16<sup>th</sup>, 25<sup>th</sup> of respective month).**  
The payment date are 7<sup>th</sup>, 14<sup>th</sup>, 22<sup>th</sup>, and end of respective month. **It's compulsory to provide Cost Centre & GL.**



# KLINIK SITI BANDAR TUN HUSSEIN ONN

18-A (GF), Jalan Suarasa 8/4, Bandar Tun Hussein  
Onn, Cheras, Selangor, 43200  
Phone No : 019-3623183

## MEDICAL CERTIFICATE

This is to certify that the below person is unfit to work or attend school.

Date : 12-Jul-2023  
MC No. : 539  
Name : MUHAMMAD FARHAN IQBAL BIN  
MOHD FAIZAL  
NRIC : 000527101757  
For : 1 Day(s)  
From : 12-Jul-2023 To 12-Jul-2023  
Reason : ACUTE TONSILITIS

DR KAAMANI A/P SUFRAMANYAM  
MMC 81459  
KLINIK SITI  
NO 3A, 1, JALAN BJS 2, TAMAN MAJU JAYA,  
46000 PETALING JAYA, SELANGOR  
NO TEL : 019-293 0690

-This Certificate is not valid in court of law



KLINIK SITI BANDAR TUN HUSSEIN ONN  
NO. 18-A, (GROUND FLOOR), JALAN SUARASA 8/4  
BANDAR TUN HUSSEIN ONN, CHERAS,  
43200 CHERAS, SELANGOR DARUL EHSAN  
NO TEL : 019-286 3183

DR KAAMANI  
Doctor Signature & Stamp

Please scan the QR code to download Sihatku App.