



HCD/SOP/Arr-006(A)

## Nomination Form

I, \_\_\_\_\_ NRIC/Passport no. \_\_\_\_\_ and Employee No. \_\_\_\_\_ named the following person/s to be my beneficiary/ies to receive all compensation given by the Company in the event of any mishap during my employment in MTD Group of Companies.

Name	NRIC/Passport No./Birth Cert. No.	Relationship	Apportion
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

The nomination dated \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ revoked all previous nomination.

Employee's Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### Witness Confirmation

I hereby confirmed that the above nomination is made by the employee him/herself in my presence.

Name : \_\_\_\_\_  
NRIC / Passport No. : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
Signature : \_\_\_\_\_  
Date : \_\_\_\_\_

### Disclaimer:

- If the employee is a Muslim and has made the above nomination, the person(s) named is/are to receive the deceased's credit as an administrator and not as the beneficiary and has to distribute the credit in accordance to the Islamic Law.
- Please inform Group Human Capital Division should there are any changes to the person(s) named in this nomination. Unless Group Human Capital Division receives new changes, this Nomination form shall remain valid.