

**Clearance Form**
(to be completed by the resigned staff)

Note:

1. Clearance Certificate must be produced to the respective Head of Division/ Department for the declaration of no liability to the respective department.
2. Please submit the completed Clearance Certificate to Human Capital Division within three (3) days before the last working days.

Name : _____

Designation : _____ Employee No : _____

Company/Dept./Div. : _____ Last Day : _____

LIST OF ASSET UNDER CHARGE OF RESIGNED STAFF

No	Type of Assets	Qty as per Master Asset List	Qty Available	Loss/Excess	Remarks

LIST OF FILE TO BE HANDED OVER

No	File Name	Quantity	Hand Over to

Verified by:

Signature : _____

Immediate Superior

Name : _____

Designation : _____

Date : _____

Approved by:

Signature : _____

Head of Division/ Department

Name : _____

Designation : _____

Date : _____