



APPLICATION FOR NEW & REPLACEMENT ACCESS CARD

RM35.00 will be charged for lost or damaged of access card - (ETIQA LIFE INSURANCE BERHAD) 5142 5313 6510

- ☐ NEW STAFF (EGIB / ELIB / EFTB / EGTB / Maybank)
☐ REPLACEMENT (EGIB / ELIB / EFTB / EGTB / Maybank)
☐ VISITOR
☐ OTHER (please specify) : _____

1. NAME (as per IC) : MUHAMMAD KASHFUL AZIM BIN MAT PF No. : _____
2. NAME TO PRINT ON ID : KASHFUL AZIM _____
3. DESIGNATED FLOOR : _____
4. DESIGNATION : _____
5. I/C No. : 030108-08-0389 _____
6. DIVISION : _____
7. COMPANY : _____
8. CONTACT NO : _____
9. REASON FOR REPLACEMENT : _____
10. FLOOR ACCESSIBILITY : ☐ Standard Access
☐ Others Access [specify tower, floor & glass door (left/right)]: _____

11. EFFECTIVE DATE : _____
For visitor, please indicate duration

Requestor Signatory:

Authorized by:

Head / Manager – Existing staff (replacement card)
Human Resource Division - for New staff
HOD - for visitor / consultant / vendors

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Name: MUHAMMAD KASHFUL AZIM BIN MAT
Date: 7 JANUARY 2025

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Name: _____
Date: _____

FOR OFFICE FACILITIES MANAGEMENT / SECURITY OPERATOR USE ONLY

OPERATOR ON DUTY (for activation of access card)

Received by: _____ Date: _____

ISMS Officer

New Card No: _____ Old Card No: _____ Card Pin No: _____

Activation Date & Time: _____ Operator Signatory: _____

Card Collected by:

Name: _____ Date: _____ Signature _____