

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)* 2. **NAME TO PRINT ON ID** 3. **DESIGNATED FLOOR** 4. **DESIGNATION** | **: MUHAMMAD KASHFUL AZIM BIN MAT PF No. :**  **: KASHFUL AZIM**  **:**  **:** |
| **5. I/C No.** | **: 030108-08-0389** |
| **6. DIVISION** | **:** |
| **7. COMPANY** | **:** |
| **8. CONTACT NO** | **:** |
| **9. REASON FOR REPLACEMENT** | **:** |

1. **FLOOR ACCESSIBILITY : ** Standard Access

 Others Access [specify tower, floor & glass door (left/right)]:

1. **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*

**………………………………………. ……………………………………………**

Name: MUHAMMAD KASHFUL AZIM BIN MAT Name:

Date: 7 JANUARY 2025 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

[pga.helpdesk@etiqa.com.my](mailto:pga.helpdesk@etiqa.com.my)

03 – 2785 3399