

MANAGEMENT SERVICES DIVISION

APPLICATION FOR AIR-FARE TO VISIT HOME REGION (Please / in the relevant space and *cancel where not applicable by cross-line)

Section	nA:	to be co	ompleted	by Sta	iff mem	ber :-				
1.	I would	I would like to apply for air-fare				home region:-				
	me to* Kota Kinabalu / Sandakan / Lahad Datu / Tawau /Labuan / Kuching / Sibu /Bintulu / Miri, or									
	me and spouse/children to * Kota Kinabalu / Sandakan / Lahad Datu / Tawau / Labuan / Kuching / Sibu / Bintulu / Miri, <i>or</i>									
	spouse/children from * Kota Kinabalu / Sandakan / Lahad Datu / Tawau / Labuan / Kuching / Sibu / Bintulu / Miri to visit me									
2.	My per	sonal details :-								
	a.	Name /	Staff No	•	:					
	b.	The address of Home Region			:					
	c.	Name and address of biological parents		:						
		(i)	Father I/C No.		: :					
		(ii)	Mother I/C No.		: :					
	d. Name of Spouse Spouse Employee Addr		: ess							
	e.	Date of	air-fare	needed	:					
	f. Date of last air-fare utilised (if relevant)				:					
		Signatu Name Designa Date		: : :						

3.	Air fare for my family members:-												
	No.	Name		Age	Relationship								
	(i)												
	(ii)												
	(iii)												
	(iv)												
	(v)												
			(Copies of document of the above are needed for certification)										
	(Copies	of document of	f the above are nee	eded for certificati	on)								
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Section C: to be completed by the Kulliyyah/Centre/Division/Library

I confirm that all information given are *true/not true and therefore *recommend/do not recommend for *his/her application be approved. The budget will be borne by the Kulliyyah/Centre/Division/Library.

(Signature)	(Date)
(Official Stamp/Designation)	
Section D: Approval of the	Executive Director, Management Services Division
* Approved / Not Appro	ved
(Signature)	(Date)

Management Services Division