

PSMB/NHRC/1/11

Company Registration No. (MyCoID)

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APPLICATION FOR HR CONSULTANCY AND ADVISORY SERVICES

PART I – EMPLOYER’S PARTICULAR

Registered Name And Address of Employer:	Employer Code : _____
	Tel. No : _____
	Fax No. : _____
HR Scope : _____	
Consultancy Activity : _____	
Consultancy Date : Commence Date: _____ ; End Date: _____	
Claim for HR Consultancy Fee : RM _____ (per/hour) X _____ (hour) , Total RM _____	

PART II – ACKNOWLEDGEMENT OF EMPLOYER

a) I agree that the HR Consultancy fee amounting to RM _____ to be claimed by: Name of HR Consultant: _____ and be debited from our account by Pembangunan Sumber Manusia Berhad .
b) I agree to accept this HR Solution Services subject to terms and conditions as stated by Pembangunan Sumber Manusia Berhad.
c) I declare that all expenses incurred during this consultation will be borne by our company.

PART III – DECLARATION

I/We declare that the facts stated in this application and the accompanying information are true and correct and that I/we have not withheld / distorted any material facts. I/We understand that if I/we obtain the grant by false or misleading statements, I/we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act, 2001 (Act 612) and in addition, PSMB may, at its discretion, withdraw the grant and recover immediately from us any amount of the grant that may have been disbursed.	
SIGNATURE :	_____
NAME :	_____
STAMP OF DESIGNATION :	_____ Chairman/ Executive Director/ General Manager/ Training Manager/ Manager/ Executive
DATE :	_____