

GIFT ACCEPTANCE FORM

Receiver Details	
Name	
NRIC No.	
Position	
Department/Unit	
Company/Subsidiary/Division	
Gift Information	
Type of Gift (Brand and Name)	
Estimated Value of Gift (RM)	
Name of Giver	
Date Received	
Relationship with Giver	
Reason(s) of receiving gift and whether the giver is informed on the Gift Policy	
Receiver Acknowledgment	Approval
<p>I hereby declare that all the information stated in this form are true.</p> <p>_____</p> <p>Name : _____</p> <p>Position : _____</p> <p>Date : _____</p>	<p> <input type="checkbox"/> Return the gift <input type="checkbox"/> Allow to keep the gift <input type="checkbox"/> Department / Unit keeps the gift </p> <p>_____</p> <p>Name : _____</p> <p>Position : _____</p> <p>Date : _____</p>
Acknowledgment	
<p>_____</p> <p>Chief Executive Officer</p> <p>Name : _____</p> <p>Date : _____</p>	