GIFT ACCEPTANCE REPORT

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 Declaration			
I hereby declare that all the information stated in this form are true.			
			<u></u>
Name :			
Position:			
Date :			
Acknowledgment			
Head of Donaster and / Heit		-	Chief Two queting Office
Head of Department / Unit		Nossa	Chief Executive Officer
Name :		Name	:
Date :		Date	