

DISABILITY SERVICES UNIT (DSU), OFFICE OF THE DEPUTY RECTOR (STUDENT DEVELOPMENT AND COMMUNITY ENGAGEMENT)

KENMS ACCESS CARD HOLDER'S STATEMENT

Name	:			
Matric no				
Mahallah				
Kulliyyah	:			
Phone no	:			
Card no:				
		TERMS AND CON	DITIONS	
1. Use of the a	access card			
1.1 I agree:				
	•	unlawful or unauthoris armful to the accessibl		y manner that could uilding or any part thereof;
(b) to be liable	e for any loss, damage	or misuse of the access	s card,	
(c) to return th	ne access card to the D	SU once I finish my st	udy at this universi	ty,
(d) to only acc	cess the KENMS build	ling for any urgent mat	ters,	
(e) not attemp access card,	t to give permission ar	nd to gain unauthorised	access to the KEN	MS building by using the
reported any s	such breach to the relev		uthorities and I wil	inal offence and agree to be l co-operate with those hem.
		CAREFULLY BEFO		to abide by them.
Signature				Date

Please submit your application to:

Disability Services Unit (DSU) Level 2, Muhammad Abdul-Rauf Building International Islamic Malaysia