الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
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KEY TRANSFER/ RETURN FORM

A. APPLICANT PARTICULARS :

1) Full Name : _____

2) Staff/Matric No.: _____ 3) Contact No. : _____

4) Name of Programme : _____

5) Date of Programme : _____

☐ **TRANSFER** ~ DATE : _____ ☐ **RETURN** ~ DATE : _____

ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
_____ *(Signature & Name)*	_____ *(Signature & Name)*

REMARKS : _____

FOR OFFICE USE ONLY

ACKNOWLEDGEMENT OF RECEIPT

REMARKS : _____

STATUS OF FACILITIES :~

1 DAMAGE		
2 REPLACE		
3 OTHERS		

Checked by:

_____ *Officer in-Charge Signature & Official Stamp*

_____ *Date*