



**HEALTH & WELLNESS CENTRE
GUARANTEE LETTER FOR MATERNITY**

I would like to apply for the Guarantee Letter. I also agree for the University to deduct my salary / self-paying (if any) as stipulated in the IIUM Staff Benefit Scheme.

Name of the staff : _____

Staff No. : _____ K/C/D/I/O: _____

IC/Passport : _____

Salary Grade : _____ Contact No. : _____

Position : _____ Package No. : 1/2/3/4/5

Name of Patient : _____

IC No. : _____

Name of Hospital : _____

Supporting Document: _____

Thank you. Wassalam

(Signature of Applicant)

Date:

Please take note that only one (1) Guarantee Letter will be issued for every package requested.