

TRAINING PROVIDER MYCOID(ROC/ROB/ROS)												
1	3	5	7									

PSMB/SBL-KHAS /JD/14

**EMPLOYER AND TRAINING PROVIDER JOINT DECLARATION FOR SBL-KHAS SCHEME CLAIMS (FEES)
UNDER THE PEMBANGUNAN SUMBER MANUSIA BERHAD ACT 2001**

This declaration is to certify that employer involved in the training program had agreed with the training program conducted, fees charged and allow training provider to claim with PSMB. This declaration should only be signed by employers after the training completed. This form must be attached when submitting online SBL –KHAS claim. This form must be kept at training providers premises and available for future verification by PSMB.

PART 1 – EMPLOYER’S PARTICULAR

Registered Name and Address of Employer: KINGFISHER SOLUTIONS SDN. BHD. SUITE 8.01, LEVEL 8, MENARA BINJAI, NO. 2 JALAN BINJAI, 50450 - WILAYAH PERSEKUTUAN, Kuala Lumpur, Malaysia	Employer Code : 1064638U
Course Title : HASIL - MEF TAX SEMINAR 2025	Approval No : 1064638U_25_0002
Training Dates : Commenced: 15/7/2025 Ended : 15/7/2025	Group Approved : _____
Training Venue : _____	Group Claimed : _____

PART 2 – CLAIM FOR COURSE FEE

Number of Trainee(s)*	Total Fee Approved (RM)	Total Fee Claimed (RM)
1	1080.00	1080.00

PART 3 – JOINT DECLARATION OF THE TRAINING PROVIDER AND THE EMPLOYER

(a) I certify that all information declared above is true and correct and the training program claimed above has been conducted with all terms and condition under this scheme has been complied. I also declared that apart from this claim, there is no other claim has been made for these expenses. All relevant documents pertaining to this claim are with us and can be inspected by the Secretariat of the Pembangunan Sumber Manusia Berhad. (Training Provider)

SIGNATURE : 
NAME : NASIRUDDIN ISMAIL
MYKAD NO : 620521-05-5267

DESIGNATION : HEAD OF HUMAN RESOURCE
COMPANY STAMP : MALAYSIAN EMPLOYERS FEDERATION
(RQS-1357 Selangor)
3A06-3A07 Block A, Pusat Dagangan
Phileo Damansara, Jalan SS 15/4, 47513
Melayu, Petaling Jaya, Selangor Darul Ehsan.
Tel: 603-79557778
Fax: 603-79556808 / 603-79559008

DATE : _____

(b) I certify that the training had been completed and agreed with the fees charged above. I am responsible to the claimed above and certify all information provided here is true and correct. (Employer)

SIGNATURE : _____
NAME : _____
MYKAD NO : _____

DESIGNATION : _____
COMPANY STAMP : _____

(Shall only be certified by either
Managing Director/General
Manager/Financial Controller/Finance
Director of Employer)

DATE : _____

REMINDER: : You are reminded that, if you should give false or misleading statements, or makes in writing, or signs any declaration which is untrue or incorrect in any particular, you will be prosecuted under **Section 40 and / or Section 41 of Pembangunan Sumber Manusia Berhad Act 2001** and shall be liable to a fine not exceeding twenty thousand ringgit or to imprisonment for a term not exceeding two years or to both. Besides, Pembangunan Sumber Manusia Berhad may, at its discretion, withdraw the grant and recover immediately any amount of the grant that may have been disbursed.