

GIFTS DECLARATION FORM

APPLICATION FOR AUTHORIZATION ACCEPTANCES OF GIFTS UNDER KPRJ CODE OF ETHICS

ATTENTION: This form must be completed in 2 copies. It must be submitted for approval together with the gifts

۹.	PERSONAL DETAILS			
	Name (Receiver)	:		
	I/C No.	:		
	Position	:		
	Department / Business Unit	:		
	Place of Duty	:		
	(Notes: Attach a list of official duties or Job I	Des	scriptions).	
B. INFORMATION ON GIFTS, HOSPITALITY, DONATIONS AND SIMILAR BENE				
	Туре	:		
	Value (Estimated)	:		
	Date received	:		
	Giver and address	:		
	Relationship with giver	:		
	D			
	Purpose of gifts	:		
	Other information, if any (Such as employee views about the gift, whether employees wish for such gifts or the like)	:		

	DECLARATION	
	I,	declare that the particulars given above are true.
	Date:	
		(Signature)
-	REVIEW OF HEAD OF DEPARTI	MENT / BUSINESS UNIT, IF NECESSARY:
	Date :	
		(Signature)
		Name :
		Position:
	CONFIRMATION (HEAD OF DEF	PARTMENT / BUSINESS UNIT)
	I, as Head of the Department / Bugifts, made the following decisions	usiness Unit, after considering the acceptance of the above
		Allow receiver to receive the gift for himself / herself.
		Return gift to the giver by Head of Department.
		Gift will be kept in the Department.
		Others, please state
	[Plea	se thick for any suitable action]
	Date:	
	Date:	(Signature)
		Name :
		Position :

*HOD means Head of Department / Business Unit or Other higher Authority as per LDAT