

PSMB/SP/2/10	ROC/ROB/ROS Number	EMPLOYERS CODE NO.

**APPLICATION FORM FOR  
SPONSORING EMPLOYERS UNDER MATAAC – PSMB SEWIN SCHEME  
ORGANIZED BY PEMBANGUNAN SUMBER MANUSIA BERHAD**

**SECTION I – PARTICULARS OF EMPLOYER**

1.	Name and Address of Employer :	Telephone No. :
		Fax No. :
		E-Mail :
2.	Contact Person (Coordinator):	
	Name: _____.	Designation: _____.

**SECTION II – NUMBER SPONSORED**

3.	Number of trainees sponsored for this intake :	_____
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**SECTION III – EMPLOYERS VERIFICATION**

4.	Employers Declaration:
	<b>I / We declare that the facts stated in this application and the accompanying information are true and correct. I / We understand that if the information given is fake or misleading, we may be prosecuted under Section 41 of Pembangunan Sumber Manusia Berhad Act 2001.</b>
	_____
	( Signature) _____ (Date)
	Name : _____
	Designation : _____ Chairman/Managing Director/General Manager+
	Company's Stamp : _____

+ Delete where inapplicable