

STAFF CAR STICKER REQUISITION FORM

PERSONAL DETAIL

NAME

NRIC

SAP NO

DEPARTMENT

POSITION

VEHICLE INFORMATION

REGISTRATION NO

COPY OF REGISTRATION CARD

SELF OWNER

OTHER

Please Justify

I hereby declare that the above information is correct and complete

Requested by :

Recommended by :

Received by :

Date :

HEAD OF DEPARTMENT

Date :

ADMIN OFFICE ONLY

STICKER NO

DATE

D D M M Y Y Y Y

REMARKS

Checked by:

Verified by :

Approved by:

ADMIN ASSISTANT

Date :

ADMIN EXECUTIVE

Date :

HR & ADMIN MANAGER