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| Opening Meeting |  |
| Closing Meeting |  |

**Please tick (√)** |  |

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| **Date :**  |  |
| **Time :**  |  |
| **Venue :**  |  |
| **Name of Chief Auditor :**  |  |
| **Signature of Chief Auditor :**  |  |

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| **No.** | **Name** | **Department / School** | **Signature** |
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