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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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