

**UNIVERSITY OF TECHNOLOGY SARAWAK**

Edusar Resources Sdn.Bhd. (969673-X)

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INTERNSHIP STUDENT ALLOWANCE FORM

INFORMATION	
1. Title (insert an 'x' or specify)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>
2. Full Name	
3. IC No	
CONTACT DETAILS	
4. Address	
5. Telephone Number	
6. Email Address	
7. University/College/Polytechnic's Name	
8. Start Date & Date End	
ACCOUNT INFORMATION	
9. Account No.	
10. Bank's Name	
ALLOWANCE	
11. Total Amount (RM)	
DECLARATION: I wish to have my allowance paid directly into my account. I declare that the information provided on this form is accurate. I understand that if there are any changes to this information, I will inform the University promptly.	
Signature:	Date:

***Please attached a copy of your IC and bank account details.*

For Human Capital and Administration Department Use Only:	
Checked & Verified by:	Recommended by:
Name:	Name:
Date:	Date:
For Bursary Office Use Only:	
Verified by:	Approved by:
Name:	Name:
Date:	Date: