

UNIMAS HOLDINGS SDN. BHD. (727487-D)

(A Company Wholly Owned By Universiti Malaysia Sarawak)

APPLICATION TO CONDUCT CONSULTANCY /CONTRACT RESEARCH/LOCUM SERVICES

Document No.	••	UHSB-FM-PRO-01
Revision No.		05
Effective Date	:	01.09.2020
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Project ID:	Finance ID:	
* to be filled by RIEC/UHSB		

Type of Project	Consultancy	Contract Research	Teaching/Locum
UHSB Management Fee	10%-Gov, 15%-Private	5%	7%
Faculty/PTj Fee	5%	•	5%
SST	8%	8%	•

1. PERSUNAL	. DETAILS		
Name (Prof / A	ssoc. Prof / Dr / Mr / Ms)		
Position		UNIMAS ID	
Faculty / Institu	ite / Center*		
Handphone Nu	ımber		
Email Address			
NREB License	No., (if any)		

I would like to request permission from the University to provide the following services.

2. DETAIL OF ACTIVITIES

Client's Institution / Agency / Company			
Address			
Contact Person			
Telephone No./Fax No.			
Name of Project			
Project Outline			
Date of Project	Start Date (DD/MM/YY)	End Date (DD/MM/YY)	
Location of Project			
Total Project Cost (RM)			
Please attach the following documents together with the application form	 Project Proposal Details of Members (Name and UNIMAS ID) Budget/Costing Letter of appointment from clients Other relevant documents 		

^{*}please strikethrough if not applicable



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3. DECLARATION OF

CONSULTANT
RESEARCHER

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I shall uphold and provide my services with full commitment, integrity and ethic, comply to the rules and regulations imposed. I am willing to take the responsibility and liability within the stipulated scope of works and at me very best to contribute my service to UNIMAS Holdings Sdn Bhd and the University.

Consultant/Researcher Signature	Faculty/Institute/Centre Officer Stamp	Declaration Date

4. DEAN / DIRECTOR'S APPROVAL ON BEHALF OF UNIMAS

I hereby certify that the details furnished by the consultant/researcher as above are true and correct to the best of my knowledge and belief and acknowledge that the consultation/research/teaching/locum activities to be conducted will not affect his/her performance as the staff of the university. I hereby given my approval for him/her to carry out the consultancy/research/teaching/locum works as applied.

Dean / Director Signature	Faculty/Institute/Centre Officer Stamp	Approval Date

6. VERIFICATION BY UNIMAS INNOVATION

*If related to Contract Research/Industry Grant

The documents are verified for registration.

Director/Deputy Director Signature	Officer Stamp	Approval Date

7. ACCEPTANCE BY CHIEF EXECUTIVE OFFICER OF UNIMAS HOLDINGS SDN BHD

CEO Signature	Company Officer Stamp	Acceptance Date