



MAILING REQUEST FORM

EMPLOYEE PARTICULAR

Requester Name : Employee ID. :

Division / Department : Contact No. :

Signature : Date :

TYPE OF SERVICES

Please tick () where applicable

A) MAILING:

Type of Services

- () Local
() International
() Express

Type of Mail

- () Letter / Document
() Parcel (Please complete Section B)
() Statement

Type of Delivery

- () Normal / Registered Mail
() Courier Services
() By Hand (*Klang Valley Only*)

B) PARCEL DETAILS:

Type of Parcel

- () Computer Hardware
() Advertisement Items
() Product Brochure
() Gift
() Others : **SECURITY DOCUMENTS**

Description

- () Fragile
() Non Fragile

Takaful Coverage

- () Required
() Not Required

C) PAYMENT SERVICES:

- () LHDN () KWSP () PERKESO

D) STAMPING SERVICES:

Details (If any) :

JUSTIFICATION & APPROVAL

Please write down your justification:

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.....

Approved By Head of Department:

.....

Name :

Date :

FACILITIES MANAGEMENT USE ONLY

() By Hand :

() By Courier :

() Normal Post :

Prepared By :

Name :

Date :

APPROVAL (FM – OFFICER)

(for Courier Services / Stamping)

.....

Name :

Date :

FOR INTERNAL USE ONLY