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| **Research & Innovation** |
| **Corporate Communications Department** |
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| **Innovative Idea Form** |
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|   | Staff Name: |   |   |
|   | Staff ID: |   |   |
|   | Department & Division: |   |   |
|   | Submission Date: |   |   |
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| My Idea is: (this form is designed for one idea only) |
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| My Idea is related to: (multiple answers are accepted) |
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|  |   |  | KFH Malaysia Berhad |  |   |  KFH Labuan Bhd |  |   |  KFH Asset Management Sdn Bhd |  |
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|  |   |  | CEO's Office |  |
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|  |  |  |   |  | Alternative Service Operations |   |  | Credit Operations & Administration |  |
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|  |  |  |   |  | Information Technology |   |  | Remittance and Clearing |  |
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|  |  |  |   |  | Treasury Operations |   |  | Trade Operations |  |
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|  |  |  |   |  | Product Development & Marketing |  |
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|  |  |  |   |  | Business Continuity Management & Policy, Procedure & Product Manual |  |
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|  |   |  | Corporate Affairs |  |
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|  |  |  |   |  | Corporate Communications |   |  | Human Capital |  |
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|  |  |  |   |  | Legal & Secretarial |   |  | Property & Administration Services |  |
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|  |   |  | Consumer Banking |  |
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|  |  |  |   |  | Alternate Channels |   |  | Automobile Financing |  |
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|  |  |  |   |  | Branch Service Support |   |  | Branch Banking |  |
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|  |  |  |   |  | Business Planning & Marketing |   |  | Business Support & Collection |  |
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|  |  |  |   |  | Card Business |   |  | Contact Centre |  |
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|  |  |  |   |  | Mortgage |   |  | Wealth Management |  |
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|  |   |  | Corporate & Commercial Banking |   |  | Finance |  |
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|  |   |  | Internal Audit |   |  | Investment Banking |  |
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|  |   |  | Risk Management |   |  | Special Asset Management |  |
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|  |   |  | Shariah |   |  | Treasury |  |
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| Suggested next step for implementation: |
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| My idea supports the following strategic objectives: (multiple answers are accepted) |
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|  |   |  | Better Performance & Productivity |   |  | Better Customer Service |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  | Cost Optimisation |   |  | Staff Motivation |  |
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|  |   |  | Work Group Integration |   |  | Leadership & Human Resources Management |  |
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|  |   |  | Communication |   |  | Organisational Structural, Procedures & Process |  |
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|  |   |  | Increase Profits |   |  | Increase Market Share |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  | New Customer Acquisition |   |  | Increase Cross Selling |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  | Customer Satisfaction |   |  | Customers Retention |  |
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|  |   |  | Improve Corporate Brand Image |   |  | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| The idea's aim: |
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|  |   |  | Create New Process |   |  | Improve Existing Process |  |
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|  |   |  | Provide New Service |   |  | Improve Existing Service |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  | Provide New Product |   |  | Improve Existing Product |  |
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| This innovative idea is considered to be: |
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|  |   |  | New |   |  | Inverted from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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|  |   |  | I added to the idea the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| Does this idea need a budget? |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  | No |   |  | Yes | Estimated Amount (RM): \_\_\_\_\_\_\_\_\_\_\_ |  |  |
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| Resources required: |
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|  |   |  | Internal | Please mention: |   |  |  |
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| The idea was developed by: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  | Myself |  |
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|  |   |  | In collaboration with others |  |
|  |  |  | Please list their names: |   |  |  |
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|  | **For Official Use** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Receipt Date: | dd/mm/yyyy |  | Assessment Date: | dd/mm/yyyy |  |  |
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| Results of Assessment: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |   |  | Excellent |   |  | Good |  |
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|  |   |  | Not Recommended |   |  | Not Applicable |  |
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| Final remarks and recommendations: |  |
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| Assessor Name(s): |  |
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