

FORM F
(G.O 102 (3) (a))

CLAIM FOR HOUSE-MOVING ALLOWANCE



PARTICULARS OF OFFICER APPLYING		
Name (In Capital Letters) :		
Identity Card No:		
Grade/Category/Group (**)/Rank:		Appointment:
Income (RM)	Salary :	Marital status : Married/Bachelor (*)/ Others (State) :
	Allowances:	
	Total	
PARTICULARS OF HOUSE -MOVING		
Effective date of house-moving :		
Old House Address :		New House Address :
RATE CLAIM		
For purpose of house moving I am eligible to claim Fixed payments according to the rates prescribed in Table II of the Eleventh Schedule in the sum of RM _____		
DECLARATION		
I declare that :		
<ul style="list-style-type: none"> (a) The traveling on the mentioned date is true (b) This claim is made in a accordance with the rates and terms and conditions specified under the prevailing rules relating to house-moving officer; (c) The particulars mentioned above are true and I am fully liable for same; and (d) I hereby will not make similar claim to the Department/Agency of old/new* place of work 		
Date : _____		_____ <i>(Signature)</i>

CERTIFICATE – TO BE FILLED BY HRM UNIT

I certify that the said traveling is in respect of house-moving according to eligibility of the officer

Date : -----

(Signature)

(Name)

(Designation)

Remarks :

(*) - delete whichever is in applicable

(**) - if the officer opts not to accept the SSB

CONFIRMATION

Date : -----

(Signature)

(Name)

*SECTOR HEAD, CORPORATE
MANAGEMENT*

Date : -----

(Signature)

(Name)

CHIEF EXECUTIVE OFFICER