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| **Logo, company name  Description automatically generatedDETAILS OF COLLABORATOR**  ***MAKLUMAT RAKAN KOLABORASI***  ***One (1) softcopy of this form in word and pdf format must be submitted to UMCares email:***  *Satu(1) salinan dalam format word dan pdf hendaklah dihantar ke emel UMCares:*  [*umcares@um.edu.my*](http://umcares@um.edu.my)  ***[Please note that INCOMPLETE FORM will not be processed]***  *[Borang yang TIDAK LENGKAP tidak akan diproses]* | | |
| **SECTION A**  *Seksyen A* | | |
| **NAME OF COLLABORATOR**  **(ORGANISATION)**  *Nama rakan kolaborasi (organisasi)* | |  |
| **TYPE OF COLLABORATOR**  **(ORGANISATION)**  *Jenis kolaborator (organisasi)* | | **Type of Business** / ***Jenis*** *Perniagaan*  **(Example: Sdn. Bhd., Berhad, Enterprise)**  **Non-Business** /*Bukan Perniagaan*  **(Example: Koperasi, Sekolah, JKK)** |
| **COLLABORATOR REGISTRATION NO. / VALIDATION DATE (if available)**  *No. pendaftaran kolaborator / Tempoh sah laku (jika ada)* | | **Example for organisation no. registered with Ministry of Finance (MOF) and validation date:**  **XXX-XXXXXXXXXX / XX-XX-20XX – XX-XX-20XX** |
| **Please provide a copy of company registration certificate or proof of registration from Registrar of Societies or the Companies Commission, or proof registration under the Companies Act 1965 or the Trustees (Incorporation) Act 1952**  **(Example for MOF registration: Lampiran A)**  *Sila sertakan salinan Sijil Akuan Pendaftaran Syarikat atau bukti pendaftaran dari Jabatan Pendaftaran Pertubuhan Malaysia atau Suruhanjaya Syarikat, atau bukti pendaftaran di bawah Akta Syarikat 1965 atau Akta Pemegang Amanah (Pemerbadanan) 1952*  *(Contoh pendaftaran dengan Kementerian Kewangan Malaysia: Lampiran A)* |
| **AREA / TYPE OF ACTIVITY**  *Bidang / Jenis Aktiviti* | |  |
| **YEAR IN OPERATION**  *Tahun mula operasi* | |  |
| **YEAR OF ESTABLISHMENT**  *Tahun penubuhan* | |  |
| **FULL ADDRESS**  *Alamat penuh* | |  |
| **CONTACT PERSON**  *Maklumat perhubungan* | **NAME**  *Nama* |  |
| **DESIGNATION**  *Jawatan* |  |
| **OFFICE TELEPHONE NO.**  *No. telefon pejabat* |  |
| **HANDPHONE NO.**  *No. telefon bimbit* |  |
| **EMAIL**  *Emel* |  |

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| **SECTION B**  *Seksyen B* | | |
| **AMOUNT OF MONETARY CONTRIBUTION TO THE PROJECT (RM) (if available)**  *Jumlah sumbangan kewangan kepada projek (RM)*  *(jika ada)* |  | |
| **NON-MONETARY CONTRIBUTION TO THE PROJECT**  **(if available)**  *Sumbangan bukan kewangan kepada projek (jika ada)* | **Item:** | **Equivalent value in RM:**  *Nilai setara dalam RM*: |
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| **VERIFICATION**  *Pengesahan* | **I hereby certify all information provided is true;**  *Saya dengan ini mengesahkan*  *semua maklumat yang diberikan*  *adalah benar;*  **…………………………………………….**  (**Signature** / Tandatangan)  **Official stamp:**  *Cop rasmi:* | **Name:** ......................................  *Nama:*  **Position:** ..................................  *Jawatan:* |