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EPF WITHDRAWAL REQUEST FORM

PART A: Personal Information

NAME	<input style="width: 95%;" type="text"/>		
ID NUM.	<input style="width: 95%;" type="text"/>		
IC NUM.	<input style="width: 95%;" type="text"/>		
HOSTELLER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ROOM TYPE <input style="width: 80px;" type="text"/>
FINANCIAL AID	<input type="checkbox"/> PTPTN	<input type="checkbox"/> OTHERS	<hr style="width: 100%;"/>
	<input type="checkbox"/> SELF FUNDING		

PART B: Course Information

COURSE	<input style="width: 95%;" type="text"/>
CURRENT YEAR	<input style="width: 80px;" type="text"/>
SEMESTER	<input style="width: 80px;" type="text"/>
REGISTERED YEAR	<input style="width: 80px;" type="text"/>

By submitting your personal data to us, you consent to us collecting, using, disclosing and processing your personal data in accordance with our PDPA Notice. Please refer to the PDPA Notice at our AIMST University website (www.aimst.edu.my) for further details.

Please tick (✓) in the box below.

Agree

Disagree

NAME:

MyKad No:

Date:

Please submit the request form to Scholarship Unit or email to kayatri@aimst.edu.my