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|  | GIFT, HOSPITALITY, ENTERTAINMENT & TRAVEL ("GHET") DECLARATION FORM | Form A | Page 1 of 2 |
| | | QSB/IGU/03/03/02-A | Ver. 1 |

**For GHET value between RM300 – RM1,000.*

Please complete the details below to the best of your knowledge:

| Details of Gift, Hospitality, Entertainment & Travel ("GHET") Offered | | | | | |
|---|-------------------------------|--------------------------------------|--|---|--|
| Date of Offer | DD/MM/YYYY | | Estimated/Actual Value | RM | |
| Name of Offeror | | | | | |
| Designation | | | Organisation | | |
| Relationship with QSB | | | | | |
| Type of GHET | <input type="checkbox"/> Gift | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Travel (incl. Accommodation) | <input type="checkbox"/> Others: _____ |
| Description of GHET | | | | | |
| Reason for Offer | | | | | |

| Decision on GHET by Recipient | |
|--|---|
| <input type="checkbox"/> Declined by Recipient. | <input type="checkbox"/> Accepted by Recipient. |
| <input type="checkbox"/> Transferred to Company. Please provide details of transfer: | |

| Declaration by Recipient | | | |
|---|--|------------|------|
| I hereby confirm that the information I have provided above are true and correct. | | | |
| Signature | | | Date |
| Full name | | | |
| NRIC | | Staff ID | |
| Designation | | Department | |

| For Integrity & Governance Unit use | | | |
|-------------------------------------|------------------------------|------------------------|--|
| Registry of GHET | | Acknowledgement by IGU | |
| Comments | | Signature | |
| | | Name | |
| | | Designation | |
| Reference | QSB/IGU/03/03/02-A/ YY – XXX | Date | |

| | | | |
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| | | QSB/IGU/03/03/02-A | Ver. 1 |

| Recommendation from IGU | | | |
|--|--|--|--|
| <input type="checkbox"/> To be returned to Offeror. | | <input type="checkbox"/> To be returned to Recipient. | |
| Date | | Date | |
| Details | | Details | |
| <input type="checkbox"/> For Company use or exhibit. | | <input type="checkbox"/> For equitable distribution among staff. | |
| Date | | Date | |
| Department | | Details | |
| Asset ID | | Department | |
| <input type="checkbox"/> For charitable donation. | | <input type="checkbox"/> Others. | |
| Date | | Date | |
| Details | | Details | |

| For Approval Authority use | | |
|--|----------------------------------|--|
| Action for GHET transferred to Company | Approval by (Head of Department) | |
| <input type="checkbox"/> To be returned to Offeror. | Comments | |
| <input type="checkbox"/> To be returned to Recipient. | | |
| <input type="checkbox"/> For Company use or exhibit. | | |
| <input type="checkbox"/> For equitable distribution among staff. | Signature | |
| <input type="checkbox"/> For charitable donation. Charity name: | Name | |
| | | |
| <input type="checkbox"/> Other. Please state: | Designation | |
| | Date | |