



**CAPACITY BUILDING FOR GRADUATES
SARAWAK PROGRAMME**



CBG SECRETARIAT, 9TH FLOOR, WISMA BAPA MALAYSIA, PETRA JAYA, 93502 KUCHING

<http://www.cbg.sarawak.gov.my>

RESIGNATION FORM

PERSONAL DETAILS			
NAME			
NEW IC. NO			
GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	RELIGION :
PERMENANT ADDRESS			
EMAIL ADDRESS			
PHONE	(H/P)	(O)	(H)
QUALIFICATION	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> DEGREE	
MARITAL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOW ER
BANK FOR ALLOWANCES			
DETAILS OF EMPLACEMENT			
LAST EMPLACEMENT			
SUPERVISOR'S NAME			
PERIOD OF PLACEMENT	<input type="checkbox"/> YEAR (S)	<input type="checkbox"/> MONTH (S)	<input type="checkbox"/> DAY (S)
DATE JOINED :	LAST DATE OF DUTY :		
REASON FOR RESIGNATION			
NEW JOB DETAILS			
POSITION			
SALARY			
COMPANY NAME			
COMPANY ADDRESS			
COMMENT(S) ON CBG			
DECLARATION			
Hereby, I declare that all the information above is true.			
Signature : _____		Date : _____	
TO BE FILLED BY SUPERVISOR			
Supervisor's Comment :			
Signature : _____		Date : _____	

Please complete the form and kindly fax to : 082-311140
(Attn: Mdm Olive Laraine anak Ngelambong)
For further enquiries please contact : 082-311541