Remarks:

1. Please fill in the **Name of Business** and **Business Registration No.**

2. Please fill in the blanks highlighted in RED:

* A. Installation Details (V)
* B. Name of individual/s trained (ii)

3. Kindly print and courier the original claim form to the following address:

|  |
| --- |
| **Attention to: Ms Yuvva**  **RE: MeDT Starter Pack Claim Form**  **Iverson Associates Sdn Bhd**  Suites T113-T114, 3rd Floor, Centrepoint  Lebuh Bandar Utama, Bandar Utama  47800 Petaling Jaya, Selangor.  Tel: 03 7726 2678 Email: marketing@iverson.com.my |

4. Upon Iverson successfully receive hardcopy of registration, training confirmation will be sent to registrants.



**MICROENTERPRISE DIGITAL TRANSFORMER STARTER PACK**

**CLAIM FORM**

**DETAILS**

|  |  |  |
| --- | --- | --- |
| **Name of Business** | **:** |  |
| **Business Registration No.** | **:** |  |

1. **Installation Details**
   1. Package**:**
   2. Date:
   3. Serial No.:
   4. Registration Key:
   5. Installed by: (Full Name & IC No.)
2. **Training Details**
   1. Date of Training:
   2. Name of individual/s trained:
   3. Name of Trainer: (Full Name & IC No.)
3. **Declaration:**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorise sharing of the information furnished on this form with SME Corp. Malaysia and Microsoft Malaysia Sdn. Bhd.

|  |  |
| --- | --- |
| Signature (MEs)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name :  Designation :  Date :  Company stamp : | Signature  (Iverson Associates Sdn. Bhd.)    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name :  Designation :  Date :  Company stamp : |

*Note: The declaration to be signed by the owner of the business*