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LZS (MAIS)'S COPY

TABUNG AMANAH ZAKAT MMU Central Food Court Multimedia University 63100 Cyberjaya Selangor Darul Ehsan

TABUNG AMANAH ZAKAT Fax: 03 8312 5043 Fax: 03 8312 5028

Please fill the form in CAP	TAL LETTERS IABUNG AMANAH 2	AKAT Fax: 03 8312 5028
	SALARY DEDUCTION APPROVAL FORM (SKIM BERKAT)	
Name :		EMPLOYER'S AUTHORIZATION
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I/C Number (Old):		
Passport No :		
Correspondence		MMU
Address : (Delivery of		TM Groups/Subsidiaries
Payment Statement)		Vendors/Others
Postcode :	Telephone: Ext:	THE PERSON NAMED OF THE PE
	Mobile Phone Number :	FOR LZS (MAIS) USE
Designation:	Salary / Employee Number :	Official Stamp:
Name of Employer :		
(Please tick () in the app Amount of monthly Increase zakat dec Decrease zakat dec	zakat deduction : Rm from month year luction e automatically deducted from my salary until further notice to the employer as	Date: •
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	I hereby acknowledge and understand all the rules that are printed at the back page of this f	
and a state of decembrance of an	ASAN UNIVERSITI MULTIMEDIA Date Signatur	re of Applicant

ZAKAT SATU AMANAH



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