



**KULLIYAH OF SCIENCE
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

LENDING OF EQUIPMENT

NAME :
DEPARTMENT :
(Staff / Student / Society / Organisation / Institution)

Staff No. / Matric No. : CONTACT PERSON
Tel. No. (Office) :
Tel. No. (H/P) :

PURPOSE :
.....
.....

PICK UP DATE / TIME : DATE : TIME :
RETURN DATE / TIME : DATE : TIME :

NO	ITEM REQUEST	QUANTITY	SERIAL NO.

LENDER DECLARATION:
I understand that a fine of the equivalent amount (RM) of the equipment shall be due to you for any damages or lost to the equipment lend.

.....
(Applicant's Signature)

Name : *any inquiries please contact:
Date : (Ext: 5017)

FOR OFFICE USE

The application is approved.

Approved by : Date :

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Deputy Director
Kulliyah of Science