Name of the staff

GUARANTEE LETTER FOR MATERNITY

I would like to apply for the Guarantee Letter. I also agree for the University to deduct my salary / self-paying (if any) as stipulated in the IIUM Staff Benefit Scheme.

Staff No.	:	K/C/D/I/O:	
IC/Passport	:		
Salary Grade	:	Contact No. :	
Position	:		_Package No. 1/2/3/4/5
Name of Patient	:		
IC No	:		
Name of Hospital	:		
Supporting Documen	t:		
Thank you. Wassalam	1		
(Signature of Applicat	nt)		
Date:			

- ✓ Please take note that only one (1) Guarantee Letter will be issued for every package requested.
- ✓ Kindly attached a copy of front cover of Maternity Record Book