

AKAR (CO-WORKING SPACE) BLOCK C, LEVEL 3, INSTITUTE FOR ADVANCED STUDIES

Tel. No :03-79674426 / 4518 Email: <u>dekan_ias@um.edu.my</u>

APPLICATION FORM AKAR (CO-WORKING SPACE)

Notes:

- 1. This form must be read together with the AKAR (Co-working space) Rules and Regulations. (Revision: Oct 2024)
- 2. Cancellation of the application must be made to the Administration Office, Level 2, Block D.

DETAILS OF APPLICANT				
Name (as per NRIC/ Passport)				
Matric No. (for student only)	Mobile No.		No.	
Faculty/PTj (for student / staff only)				
Siswa mail (for student only)				
Personal email				
Period of Month	Start Date:	End Date:		Number of Month:
Applicant's Declaration	I hereby declare that all information stated in this application form is true. I			
Please Tick (√)	understand that any at time the information or part thereof stated in this declaration is found contrary to facts, the University has the authority to reject my application.			
Signature of Applicant				
Date				
ADDITIONAL INCODMATION				
ADDITIONAL INFORMATION				
How do you know us?	Instagram		Fa	cebook
	Website		Ва	nner/ Bunting/ Flyers
	Staff/ Friends			
Feedback Form				
	https://forms.office.com	/r/1fQhu5HW0	<u>)M</u>	

FOR OFFICE USE ONLY					
Status of Application	Approved	Rejected			
Cubicle No.					

Transaction Date	*Payment [Please tick $()$]	Amount (RM)
	Deposit https://epay.um.my-> Log Masuk (diwajibkan- >Bayaran Mengikut PTJ/Fakulti->Institut Pengajian Termaju->IAS-Caj Pentadbiran	20.00
	Rental (RM30.00 / month) https://epay.um.edu.my ->Log Masuk (diwajibkan) - > Bayaran Mengikut PTJ/Fakulti ->Institut Pengajian Termaju -> AKAR - IAS	(<i>RM30.00 x</i> month = RM)
TOTAL		

Notes: Please attach receipt(s).

Approval by Officers			
Signature			
Stamp			
Date			
Activation Period	(Duration)		
	(Start Date)	(End Date)	

RETURN OF KEYS OF ACCESS CARD / KEYS		
Student / Occi	rudent / Occupant Staff Received	
Name		Name
Matric. No		Designation
Signature		Signature
Date		Date