



HOSPITAL SULTAN ABDUL AZIZ SHAH  
UNIVERSITI PUTRA MALAYSIA  
Kod Dokumen: HSAAS/KEW/BR201

**BORANG BAYARAN**  
**PAYMENT FORM**

Nama pemohon  
*Name of applicant*

No. Telefon (R/HP)  
*Contact No.*

Alamat  
*Address*

Alamat e-mel  
*Email address*

Kategori bayaran: (Sila tandakan (/))  
*Categories of payment: (Please tick)*

- Pendaftaran syarikat  
*Company registration*
- Kursus/Seminar/Bengkel  
*Course/Coference/Workshop*
- Ubat Medicine
- Denda Penalty/fine

- Sewaan ruang/dewan/bilik  
*Rental of space/hall/room*
- Alatan makmal/hospital  
*Lab/hospital instrument*
- Aset Asset
- Bayaran balik rawatan  
*Reimbursement of treatment*
- Lain-lain Others

Catatan Notes: .....

Bayaran melalui **tunai/cek/kad kredit/kad debit** berjumlah RM .....

*Payment by cash/cheque/credit card/debit card for the sum of RM*

Tandatangan pemohon: .....

*Applicant signature*

Kegunaan pejabat:  
*For office use only*

No. Kad: .....

No. slip bayaran: .....

*Payment slips no*

No. rujukan: .....

*Reference no*

Tandatangan pegawai yang diberi kuasa  
*Signature of the authorized officer*

Catatan: .....

*Notes*

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