

VALIDATION FORM

1. _____ on behalf of Perpustakaan/Klinik/Majlis Daerah* therefore has understood the nature of the project and agreed with the propose location for the equipments to be installed at this site as in the layout plan.

Signature : _____

Name : _____

Designation : _____

Company : _____

Date : _____

Remarks: : _____

Witnessed by

Signature : _____

Name : _____

Designation : _____

Company : **Jabatan Kerja Raya**

Date : _____

Comments : _____

