

SARAWAK ENERGY SCHOLARSHIP APPLICATION FORM

BATCH 9/2019 INTAKE



FAMILY INFORMATION

Please attach copy of document / certificate with certified true copy:

Copy of both parent's IC or guardian IC

	Father or Registered Guardian			Mother	
Name					
IC Number					
Job Title					
Employer's address					
Contact No	Office :			Office :	
	Handphone :		Handphone :		
Details on other family	members u	nder pare	nts or guardian r	esponsibility	
Name		Age	School / College /		Scholarship / Loaners
		Institu		ion	
APPLICANT DECLARA	TION				
, hereby declare that	the informa	tion giver	in this application	on form is co	mplete and true. Sarawal
nergy (SEB) reserves	the right to	o termina	te my scholarsh	ip immediate	ly if I was found to have
produced any false ar	nd/or incom	plete info	ormation for sch	olarship. In t	the event the company i
mposed any penalty by	y any author	rity for fail	lure to declare th	e required inf	formation, the said penalt
vill be borne solely by	me. I, here	eby autho	rise and give my	consent to	SEB to deposit, utilise and
	n for all of th	he related	l opportunities: fo	or current and	d future usage.
nanage my informatio			- - - - - - - - - - - - - -		3