Contribution for Training Levy by a Charitable Institution

Human Resource Development Act 2003
(Section 18)

Election to pay Training Levy

This form is applicable to a Charitable Institution wishing to irrevocably opt to pay Training Levy in respect of all its employees.

The form, duly completed, should be submitted simultaneously to the Director-General of the MRA and the Director of Human Resources Development Council

1. Full Name of Employer: .....
(Please use BLOCK letters)

2. BRN: .....

3. ERN: | | | | | | | | |

4. Telephone Number: | | | | | | | |

5. Mobile Number: | | | | | | | | |

6. Email Address: ……..

7. Contact Person: …….

8. Declaration and Election to pay Training Levy

I ..... (Full name of signatory in BLOCK LETTERS) do hereby declare that the information I have given in this form is true and correct and elect to irrevocably pay Training Levy in respect of all employees.

Signature: ……..

Capacity in which Acting: …….

D	D	M	M	Y	Y

Date: | | | | | | |