



WORK PERMIT REQUEST FORM
OPERATION MANAGEMENT
KONSORTIUM JARINGAN SELANGOR SDN BHD

** Please allow 4 working days for request processing*

SECTION A

Date Request		Requestor	
Company		Dept / Sec	
Phone number		E-mail Address	
Security Deposit (RM 2,500.00)		Cheque bearer : KONSORTIUM JARINGAN SELANGOR SDN BHD	

SECTION B

Site Name			
Proposed Date & Work Time			
Start of Work		End of Work	
Date	Time	Date	Time
Job Description			
1			
2			
3			
4			
5			
Vehicle Use			
Team On Site (Telco)			
Name	Contact No	Sec/Dept.	
Team On Site (Contractor)			
Name	Contact No	Sec/Dept.	

SECTION C

Status of Work Permit

Result: Extension of PTW Incomplete

Extension of Permit To Work
 Permit has been extended from (Start Time) : _____ until (End Time) : _____

Comment : _____

Completed Work
 *Contractors must clear all debris at site after work completed and ensure accordingly disposed.

Comment : _____

Signed by : _____ Concurrred by, _____

Signature Contractor (Supervisor)	Signature (Project Owner/Immediate Superior)
Name :	Name :
Date :	Date :



KONSORTIUM JARINGAN SELANGOR SDN BHD (469213-v)
W-11-19, AMCORP BUSINESS SUITES
MENARA MELAWANGI, PUSAT PERDAGANGAN AMCORP
NO 18, JALAN PERSIARAN BARAT, 46050 PETALING JAYA
SELANGOR DARUL EHSAN.

Tel : +603-7957 7320
Fax : +603-7957 9320
Emel : kjs@kjs.com.my

SECURITY DEPOSIT RECEIPT

NAME OF THE COMPANY & ADDRESS _____

Receipt No : _____

Date : _____

Cheque No : _____

NO	JOB DESCRIPTION	AMOUNT
AMOUNT		

* The security deposit will be retained by Konsortium Jaringan Selangor Sdn Bhd (KJS) as security for Contractor's performance of obligations under the terms stated in the Permit to Work (PTW). If Contractor does not comply with any of the terms, KJS may apply any or all of the security deposit in payment of any damages and costs incurred by KJS due to Contractor's negligenee. KJS will provide to Contractor written notice of use of any or all of the security deposit.

* Kindly keep the receipt for reference and reimbursement of the security deposit.

CONTRACTOR SUBMIT CHEQUE	KJS RECEIVE CHEQUE	CONTRACTOR COLLECT CHEQUE	KJS RETURN CHEQUE
Name :	Name :	Name :	Name :
IC No :	IC No :	IC No :	IC No :
Hp No :	Hp No :	Hp No :	Hp No :
Company :	Company :	Company :	Company :
Signature :	Signature :	Signature :	Signature :