

Last Review: _____

Name	IMAN ZULHILMI D-SAFARIA
Designation	TRAINEE SLICKLINE OPERATOR

Doc Ref No: OP-FORM-13
Revision No.: 00
Effective Date: 01/02/2023

DIMENSION BID

Last Review: _____

Job Track Record

CONFIRMATION

I hereby confirmed that the above information is true and accurate and all relevant paperworks and documents are available and in order.

I understand that any falsification of information and documents could result in disciplinary action and being denied access to Training & Development program in the future

PREPARED AND SUBMITTED BY

SIGNATURE



NAME: IMAN SULHULMI B. ZAKARIA

POSITION: TRAINEE SICKLINE ASSISTANT

DATE: 03/10/24

VERIFICATION

I hereby confirmed that the above information is correct and have been fully verified by me

VERIFIED BY

SIGNATURE



NAME: AFIA AIMAN BIN HAPSAL

POSITION: FCM

DATE: 1/10/24