

MULTIMEDIA UNIVERSITY
BUSINESS AND PROMOTIONAL ACTIVITY (STUDENT)
APPLICATION FORM

Section A: Type of BPA (Please tick)

<input type="checkbox"/>	Business Project	<input type="checkbox"/>	Collaboration Between Student and External Vendor Through Society or Club	<input type="checkbox"/>	Student Project Through Society or Club
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Section B: Applicant's Personal Information

Applicant's Full Name :					
Identity Card (IC) Number :		Student ID / Staff ID Number :			
Contact Number :		Fax Number :			
E-mail Address :		Faculty :			
Programme of Studies :		Year of Studies :			
Advisor's Name :		Advisor's Contact Number :			

Section C: Information on Society or Club [Student Trust Fund (STF)]

Name of Society / Club :					
Condescendent :					
Director's Name :		Director's Contact Number :			
E-mail Address :		Applicant's Position in the Society or Club :			

Section D: Details of External Vendors [For the BPA : STF (only)]

No.	Name of Company	Company's Address	Contact Person	Contact Number

Section E: Details of Event

Name of Event :					
Event's Description :					
Proposed Date(s) :					
Proposed Venue(s) :					
Venue's Owner(s) :					
<i>**For events which involve sponsorship, please fill up the following particulars :</i>					
Name of Sponsor :					
Type of Sponsor (Please Tick) :		<input type="checkbox"/>	Cash	<input type="checkbox"/>	Material

Section F: Details of Product / Services

1.	
2.	
3.	
4.	
5.	

Section H: Details of Charges

No.	Type of Charge	Amount (RM)
1.	Rental For External Vendors (RM35 excluding 6% GST)	
2.	Cleanliness Deposit (RM50.00 – Compulsory)*	
3.	Booking and Security Deposit (RM50.00 – Compulsory)*	
4.	Others :	
	a)	
	b)	
	c)	
GRAND TOTAL		

*Refundable subject to compliance towards criterions as prescribed in 'Refund of Deposit Form'. Payment to be made at the Finance Counter.

Section I : Approval Section

(i)Approval for Event from Students Affairs Division (STAD) OR Faculty

Name of Authorized Officer :		Remarks
Stamp and Date :		
Status :	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	

(ii)Approval for Business Products and Services by Business Unit (BU)

Name of Authorized Officer :		Remarks
Stamp and Date :		
Status :	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	

(iii)Approval for Venue from Venue's Owner

Name of Authorized Officer :		Remarks
Stamp and Date :		
Status :	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	

(iv)Verification by Finance Department on Payment of Deposit and/ or Charges

Name of Authorized Officer :		Remarks
Stamp and Date :		
Status :	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	

(v)Approval from Occupational Safety and Health (OSH) Unit pertaining to the safety issues (if necessary / upon advised by the authorized officer)

Name of Authorized Officer :		Remarks
Stamp and Date :		
Status :	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	

(vi) Approval from Security Department pertaining to the signages, parking lots and security matters

Name of Authorized Officer :				Remarks	
Stamp and Date :					
Status :	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved	

(vii) Requisition to Utilize Utilities and Facilities as well as Approval from Facilities Management Division (FMD)

Name of Authorized Officer :				Remarks	
Stamp and Date :					
Status :	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Disapproved	
Request For Facilities Form Was Filled Up? (Please Tick) :		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Section J : Undertaking by the Applicant

I..... (Name of Applicant),(IC Number),..... (Designation) am duly authorized to act on behalf of..... (Name of Company / Society / Club) hereby commits to adhere to whatsoever acts, conditions, protocols, rules and regulations as prescribed by the Units / Faculties / Departments / Divisions concerned as enclosed as well as the University's rules and regulations being enforced. I also commit to remit whatsoever payments being imposed with regard to this application. I hereby understand and acknowledge that any violations of the said acts, conditions, protocols, rules and regulations will result in strict action to be taken against me and any other related parties concerned interconnected with me which involve directly or indirectly with this application.

.....
(Signature)

Stamp and Date :

REFUND OF DEPOSIT FORM
Section A : Details of Refundee

Refundee's Full Name :		Payment Receipt Number :	
Identity Card (IC) Number :		Bank Name :	
Student ID / Staff ID Number :		Bank Account No.:	
Contact Number :		Bank Branch :	
E-mail Address :		Amount To Be Refunded (RM) :	
Faculty :			

Section B : Assessment (This is a compulsory section to be filled up by the Lecturer/Coordinator to determine whether or not the refundee has complied with the prescribed criterions before the deposit is refunded)

Please mark "X" in the "YES" column if the refundee is found guilty of the offense. If no offense is committed by the refundee please mark an "X" in the "NO" column.

No.	Offense	Demerit	Yes	No	Remarks
1.	Cleanliness are not properly maintained (business area is dirty, garbage are not thrown at the designated garbage collection centre and alike)	10			
2.	The equipment are broken / missing	10			
3.	The equipment are not returned to the designated store / area	5			
4.	Violating rules, regulations and acts as prescribed by MMU and its Departments/Units/Faculties	10			
5.	Offering products or services other than those stipulated in the application form	5			

Legend:

Total Demerit Points: _____

Amount of Deposit To Be Refunded: RM _____

Amount of Deposit To Be Forfeited: RM _____

No.	Demerit	Action
1.	'0' point	Value of Deposit To Be Refunded = 100%
2.	'0' to '25' points	Value of Deposit To Be Refunded = 50%
3.	Above '25' points up to '50' points	Value of Deposit To Be Forfeited = 100%

Section C : Authentication By The Lecturer / Coordinator

I (Name of Lecturer/Coordinator) (IC Number) is duly authorized to authenticate that I have assessed the BPA organized by the refundee and I hereby authenticate that the deposit in the amount of RM..... (MALAYSIAN RINGGIT) is eligible / not eligible to be refunded to the refundee.

(Signature)

Stamp and Date:

Section D : Authentication By The Facilities Management Division (FMD)

Any Damages?	Yes		No		If yes, please describe the types of damages. Please provide the costs of damages:
Authentication by the authorized Officer:					

Note: The form to be submitted to the Finance Counter. Please attach the original 'Payment of Deposit' receipt. The process will take fourteen FOURTEEN (14) working days from the date of receipt of the form.