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|--------------------------------|
| Maximum hours per month |
| |

| Applicant / Employee Declaration | | | |
|-------------------------------------------------------------------------------------|--|-------------|--|
| I hereby confirm that all the information supplied by me above is true and correct. | | | |
| Signature | | Date | |

| Recommendation | | | | |
|--------------------------------------------------------------|-------------|-------------|------------------|--------------------------------------|
| Designation | Date | Name | Signature | Recommended / Not recommended |
| Impact Area Manager / Senior Manager / Centre Manager | | | | |
| Comments | | | | |
| Manager: Human Capital | | | | |
| Comments | | | | |

| Approval | | | | |
|--------------------------------------------------------------------------|-------------|-------------|------------------|--------------------------------|
| Designation | Date | Name | Signature | Approved / Not approved |
| Executive Manager / Group Manager / Member of Executive Committee | | | | |
| Comments | | | | |