

APPLICATION FORM: BIOSAFETY CABINET CLASS II

**CHARGE RATE**

**UiTM Rate**

- a) RM400/semester    b) RM50/4hours

**Others Rate**

- a) RM66/hour/4hours

**Customer Information**

Name of applicant : ..... Date:.....

Full Address: .....  
.....

Contact Number : ..... Email Address : .....

**Application Detail**

**UiTM Rate**

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RM400/semester

Specify your duration = .....

☐

RM50/slot/4hours

Specify your duration = .....

**Others Rate**

☐

RM66/slot/4hours

Specify your duration = .....

**Declaration**

I hereby declare that the activities carried out at the IMMB facilities are safe and appropriate for the space provided. I understand that any false or incomplete declaration may lead to damage or safety risks, and I will bear full responsibility for any consequences, including damage to facilities or equipment. I also agree to follow all lab rules, safety procedures, and housekeeping responsibilities when using the IMMB facilities or space.

Total Charge (RM) : .....

Signature of applicant : .....

**For Office Use Only**

Officer in Charge : ..... Date In:.....

☐

Accepted

☐

Rejected

Comments : .....