

Our Reference:
Date :

JABATAN PENGURUSAN INSURAN
ARAS 3, BANGUNAN PENGHANTARAN
IBU PEJABAT, TENAGA NASIONAL BERHAD,
NO. 129, JALAN BANGSAR,
59200 KUALA LUMPUR

VERIFICATION OF TNB INSURANCE MANAGEMENT SYSTEM USER

Name :
Identity Card :
Company Registration :

We hereby certify that the above name is an employee of (Company Name) since (Year of Appointment) and will be representing as the company's PIC for TNB Insurance Management System.

We declare all the information contained in this letter shall be true and correct.

Thank you.

Yours truly

()

SIGNATURE
COMPANY STAMP