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Proposer	Seconder
Signature : _____	Signature : _____
Name : _____	Name : _____
NRIC No. : _____	NRIC No. : _____
Div / Unit : _____	Div / Unit : _____
Date : _____	Date : _____

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For Official Use

<input type="checkbox"/> Accepted.
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Remarks (if any) : _____ _____ _____