No	Date Descript		tion & Purpose of Item	Estimated/ Actual Value (indicate the currency)	Given by (name and organisation)		Provided To (name and organisation)	
1								
23								
3								
5								
6								
7								
8								
Prepared by Receiver or/and Giver:		iver or/and	Verified By:	Reviewed by:		Acknowledged by:		
Name: Position:			Name: Position: Supervisor/HR Department		Name: Position: Group Compliance Staff		Name: Position: Group Compliance Officer	
Date:			Date:	Date:		Date:		
Leader Energy Holding Berhad				1		Annen	dix 4 Gift,	

Entertainment,

Hospitality or Travel Registration Form