

INTERNAL TRANSMITTAL FORM

То:	Date :
Attn:	Reference No:

No	Description	Drawing/Doc/Sample	Remarks

- 1. Once received, please scan back this form and send to **XXXXX@slgc.my** or any admin in charge for company record.
- 2. Reference number: SLG/Project Name *or* other/xxx (*Running Number*)

Prepared By:	Checked By:	Received By:
(Signature)	(Signature)	(Signature)
Name:	Name:	Name:
Position:	Position:	Position:
Date:	Date:	Date:

REF NO.: SLG/PRO-CONS/FRM/14/01 | REVISION NO.:01 | EFFECTIVE DATE: 16/08/2024