

CIP hours form

Rank & Name: _____

Class: _____ Date of submission: _____

Name of Event: _____

Event under: School/BB*

*Delete where appropriate

Number of hours served: _____

Person-in-charge: _____

Signature of Applicant

Signature of Person-in-charge

Signature of Officer*

* Please look for Mr Lim Tuck Huay to check if your stated event can be approved