



# **HMC PROVIDERS SDN BHD (1250154-M)**

Address: B1- 36-10 I- Suite, Persiaran Multimedia Seksyen 7, I-City , 40000 Shah Alam, Selangor D.E.  
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Contact :03-58702195/0122421349

## **PRIVATE & CONFIDENTIAL**

Date : 01/09/2018

NAME: NOR AINI BINTI ZAINOT

I/C NO: 901124-10-5794

ADDRESS :No.2 , Jalan Sg Buaya,Taman Ehsanibu,  
Kg Koskan Tambahan, 48000 Rawang, Selangor.

Dear Nor Aini Binti Zainot

### **Re: Confirmation Of Employment**

1. We refer to your letter of offer dated 1<sup>st</sup> Apr 2018 and your acceptance of the offer of appointment as Physiotherapist (PHY3) subject to our usual probationary period of 3 to 6 months . We are pleased to inform you of your confirmation with effect from 1<sup>st</sup> Sept 2018 for the above function.
2. All the term and conditions of the letter of appointment relating to your service of employment, rules and regulations either express or implied in the Staff Manual remains unchanged. This includes the discretion of the company to make necessary relocation and / or reassignment of duty and function in line with the business needs after due consideration and discussion.
3. In consideration of your commitments and performance, your salary on confirmation will be as RM2,400.00 per month.
4. Once again we like to thank you for joining our team and congratulate you on your confirmation. We look forward to your continue leadership, teamwork and productive contribution towards the growth and success of the company.

\* All allowance and reimbursements are paid upon fulfilment of set terms and conditions and subject to approval. Please note that company policy requires that you maintain confidentiality in all matters relating to your employment terms at all times.

Please also note that these terms and conditions as well as other aspects of your employment governed by existing policies and practices are subject to amendments as appropriate from time to time at Management's discretion.

Your Sincerely,

A handwritten signature in black ink, appearing to read 'Sucitta LEC'.

Name: Sucitta LEC  
Managing Director  
HMC Providers Sdn. Bhd.

Acknowledgement Of Acceptance

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Name :  
I.C.Number :  
Date :