23 Sep 2021

Commercial Manager,

Galaxy Aerospace (M) Sdn Bhd A-01-02,Block A, Bangunan Perdagangan Siera,Ara Damansara, Jalan PJU 1A/5A,Ara Damansara,

47301 Petaling Jaya, Selangor

(Attn: Mr Nik Mohd Fareez bin Auddin)

السلام عليكم ورحمة الله وبركاته

Dear Sir,

Planning approved and my prayer will always be with you. Amin

NIK MOHD FAREEZ BIN AUDDIN

Commercial Manager

Galexy Aerospace (M, Sdn Bhd (1040262-D)

- Maternity Leave Planning and Application

I am writing this letter to inform you of my planning and application for maternity leave from work.

2. For your information Sir,I intend to begin my maternity leave from now on September 23rd, 2021, and return to the office on Jan 5th, 2022, barring any unforeseen complications.

The details of my leave planning as below;

- a) 23 Sep 21-27 Sep 21 (Given MC-5 days)
- b) 28 Sept 21-27 Nov 2021 (Maternity Leave -60 days)
- c) 29 Nov 21 5 Jan 22 (Unpaid Leave 28 days)
- 3. During my absencs all my task and responsibilities will be supported by my respective collegue as listed in my hand over table. Enclosed with this letter you will find a medical form with my doctor's confirmation of the given Medical Leave. My emergency Ceasarean will be on 27 Sep 21.
- 4. I will inform you as soon as possible if any changes in this plan should occur. I appreciate your consideration in this matter as I will need the benefit of maternity leave in order to recover from birth, bond with my child and attend all follow-up visits with my care providers. I can be contacted throughout my maternity leave via telephone at +60179090026.

Thank you for your consideration.

Yours sincerely,

Nurul Husna Mohamad Shariff

Commercial Executive



Serial No : 568280

SELANGOR SPECIALIST HOSPITAL SDN. BHD. (215179-P)

(formerly know as Selangor Medical Centres Sdn. Bhd.)
(A Member of KPJ Healthcare Berhad Group)

Lot 1, Jalan Singa 20/1, Section 20, 40300 Shah Alam, Selangor Darul Ehsan, Malaysia. Tel: +603-5543 1111 Fax: +603-5543 1722

MEDICAL CERTIFICATE SIJIL CUTI SAKIT

This is to certify that I Dengan ini saya meng	esahkan bahawa saya telah mem	eriksa ,
Mr / Madam / Miss/. Tuan / Puan / Cik	NURUL HUSNA BINTI M	OHAMAD SHORIFF
IC / Passport No. / ID No. KP. / No. Passport	No 3606274680	72.
Hospital MRN	00526029	
	the proper performance of his / hentuk menjalankan tugas atau perse	ekolahan selama s / from 22/9/2021
	urn for follow-up examination on uat rawatan susulan pada	
Beliau boleh menjal	gular / light duty on / form lani kerja seperti biasa / kerja ringa niçhever is not applicable)	
\mathcal{N}		22/9/2021
Signature of Medical Practitioner		Date
Name in Block Le	DR. MASTURA MOHD MOK B&C. MED. (\$T. ANDREWS) B&C. MED. (\$T. ANDREWS) MACHESTER) MMED 0&G (United States of the Consultant Obstetrician & Gynaecon Malaysian Medical Council Reg. No. 37 Malaysian Medical Council Reg. Malaysian Medical Reg. Malaysian Medical Council Reg.	742Official Clinic / Hospital Chop PITAL m, Selangor