

TITLE:	
VENUE:	
DATE:	

NO	NAME	STAFF ID	ORGANISATION /DEPARTMENT	POSITION	SIGNATURE
1.					
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INSTRUCTION FOR COMPLETING GAM/Q-022, ATTENDANCE RECORD

No.	Item	Instructions
1	Title	Enter the title of the meeting/audit.
2	Venue	Enter the location of the meeting/audit venue.
4	Date	Enter the meeting/audit date
6	Name	Attendee(s) to enter his/her name.
7	Staff ID	Attendee(s) his/her GAM company staff ID (if applicable).
8	Organisation / Department	Attendee(s) attending the meeting/audit to enter his/her organisation or department being attached to.
9	Position	Attendee(s) attending the meeting/audit to enter his/her current designation.
10	Signature	Attendee(s) attending the meeting/audit to append his/her signature.