Universiti Tunku Abdul Rahman			
Form Title : **LIST OF OFFICE BEARERS**			
Form Number : FM-DSA-CSU-006	Rev No: 1	Effective Date: 01/05/2011	Page No: 1 **of** 1

To: Department of Student Affairs

Name of Society/Club: _____ Code No.: _____ Date: _____/_____/_____

I have pleasure in submitting a list of our office bearers for the term of office effective from _____/_____/_____ to _____/_____/_____ as required by your department. They were elected during our Annual General Meting held on _____/_____/_____.

Designation	Name	Sex	I.C. No.	Student ID.	Program/ Course	Year	Email Address	Contact No.	Signature
Chairman									
Vice Chairman									
Honorary Secretary									
Assistant Honorary Secretary									
Treasurer									
Assistant Honorary Treasurer									
Committee Member									
Committee Member									
Committee Member									
Committee Member									
Committee Member									
Auditor									
Auditor									

_____
Signature

_____
Signature

Name of Advisor: _____

Name of Honorary Secretary: _____