

**TRANSPORTATION REQUEST**

NAME OF CONTINGENT :………………………………………………………………….

DATE OF ARRIVAL : 24 TH September 2018

PICK UP TIME : 9.00 AM

 11.00 AM

 1.00 PM

AIRPORT : KLIA or KLIA 2

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| Name of participants | Passport number | Pick up time | Airport |
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| 12. |  |  |  |
| 13. |  |  |  |

SENT TO:

ACPES SECRETARIAT 2018

DR. BORHANNUDIN ABDULLAH

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