

Request for Approval of Offering Gifts

A Personal Particulars	
Name	:
Staff Number	:
Designation	:
Department	:
Email	:
B Description of Gifts	
Type of gift	:
Estimated Value	:
Date to Offer	:
Offering To	:
Relationship	:
Reason for Offering Gift	:
Other Details (if any)	:

Form No: MGTC/IAIU/GIFTS/02

Revision: 0



Signature	:	
Name	:	
Staff Numb	oer :	
Date	:	
Decision by HOD/HO Approved.	OG/CEO/BOD Chairman	
	d.	
Approved. Not approved	d.	
Approved. Not approved Comment by the app	d. rover:	

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