UNIVERSITI MALAYA	**APPLICATION FORM FOR EXTERNAL/PAID USERS**	**FOR OFFICE USE (V1/2026):** Reference No.: ISB __ __ / 2026

APPLICATION CATEGORY:

☐ Student
☐ Academics Staff
☐ Others (Please State): _____

PART A – APPLICANT INFO (To be completed by the applicant)

Full Name : _____

Department, Faculty, University/ Institute / Company etc. : _____

Email Address (active) : _____

Handphone Number (active) : _____

PART B – SERVICE AND PAYMENT INFO (To be completed by the applicant)

Lab Name	:	
Lab Staff In charge	:	

Kindly list the required services in the table below:

No.	**Name of equipment/sample/service** (*Attach additional pages if require)	**Number of sample/hours**	**Charge (sample/ hours)** (RM)	**Total (RM)**
			TOTAL	

Cash payments are **NOT** accepted by Universiti Malaya. Kindly proceed with your payment using the following methods. Please tick **(√)** and provide the payment reference number below.

	1. E-Payment / Online Banking *Make payment through https://epay.um.edu.my/ > Daftar/Register > Bayar ikut PTj/Payment by PTj > Fakulti Sains/Faculty of Science > Sewaan Peralatan/Makmal ISB – Rental of ISB Laboratory/Laboratory Equipment*
	2. UM Research Grant – Internal Money Transfer (FIRST System) • Only applicable for UM applicant > https://first.um.edu.my/ • Journal Transfer/Internal Application – refer video https://bit.ly/firstvideo25 Select/Insert below info; TYPE/JENIS – CREDIT/KEPADA • Profit Centre / Cost Centre / Fund Centre: 0000021070 – INSTITUT SAINS BIOLOGI • WBS: UM.0000036/KWJ.AK – A/K KHAS INSTITUT SAINS BIOLOGI • GL: H724001 - Hasil Kajian Makmal
	3. Purchase Order: Request lab staff to provide quotation & invoice.
	4. Cheque to *Bendahari Universiti Malaya*

Kindly attach your proof of payment with this form.

Payment Reference Number: _____

Please tick **(√)**;			
	I confirm that all information provided is true and agree to all terms and conditions.		
Applicant Signature:		**Date:**	
PART C – LAB STAFF CONFIRMATION (To be completed by the lab staff)			
	Processing Approved. Proposed Date/Time of Use/ No. of Sample: _____		
	Not Applicable / Other Remarks: _____		
Lab Staff Signature:		**Date:**	
PART D – APPROVAL BY SCIENCE OFFICER (CREDIT OFFICER)			
I, hereby certify that the applicant is an external UM user who is eligible/not eligible to utilize the ISB laboratory services.			
Credit Officer Signature:		**Date:**	

PART E – APPROVAL BY DEPARTMENT & FACULTY		
APPROVE BY	**SIGNATURE & OFFICIAL STAMP**	**DATE**
Approver 1: (Supervisor) – if applicable		
Approver 2: (Head of Department)		

Cc: Finance Unit, Faculty of Science, Universiti Malaya