

SIBU MUNICIPAL COUNCIL

Notification form for confirmation of all operators and employees having completed COVID 19 Vaccination to operate coffee shops/food premises/food eatery outlets, Sibü

Name of Operator :

Name of Coffee Shop/
Food Premises :

Address :

Telefon : Handphone :

The following operators/ stallholders/ workers had been vaccinated (please attach with photo state copy of covid 19 vaccination certificate) :-

No.	Name	I/C	Date of First Dose	Date of Second Dose

Signature :

Name :

Date :

