

**INCOME TAX (DEDUCTION FOR THE COSTS OF IMPLEMENTATION OF  
FLEXIBLE WORK ARRANGEMENTS) RULES 2021  
DECLARATION FORM**

**Declaration**

We hereby acknowledge that we have read and understood the ***Application Guidelines for the Deduction Cost of Implementation Flexible Work Arrangement (FWA) Tax*** and we hereby accept and agree to all its terms and conditions. We further acknowledge that the information stated in this form and accompanying documents are complete and correct and we have not withheld/distort any materials or facts.

We acknowledge that TalentCorp will reserve the right to reject this application if the information stated and/or accompanying documents have not yet met the relevant guidelines and/or the information provided were to be found falsified without assigning any reasons thereto.

**Prepared  
by:**

**\*Endorsed by:**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name

Name

Position  
Title

Position  
Title

Date

Date

Company Stamp

*\*Endorsement must be signed by Managing Director/Chief Executive Officer (CEO) or Delegated Authority*