

*Our Reference* : AA/MPC/PHPN/pf/01 (dsa)  
*Your Reference* :

*Date* : 19<sup>th</sup> January 2021



**PRIVATE HEALTHCARE PRODUCTIVITY NEXUS,  
Malaysia Productivity Corporation (MPC),  
Jalan Sultan, PJS 52, 46200 Petaling Jaya,  
Selangor Darul Ehsan.**

**Attn : EN. SAFARWAN MOHD SUHAIMI**

Dear Sir,

**PRIVATE HEALTHCARE PRODUCTIVITY NEXUS (PHPN) EXECUTIVE STRATEGY SESSION**

**Facilitator Fees Proposal**

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Thank you for giving us an opportunity to be the facilitator on Private Healthcare Productivity Nexus (PHPN) Executive Strategy Session.

Based on the meeting with the MPC team and our understanding of the key requirements and the results to be expected, we have detailed out the key terms and conditions of service for your kind consideration and approval below.

**A. PROGRAMME DATE AND DURATION**

Date: 21<sup>st</sup> January 2021  
Time: 9.00 am – 4.30pm (Lunch Break: 12.30pm – 2.00pm)

**B. SCOPE OF WORKS**

- To facilitate the Strategy Session with all members and ensure the overall mission, key drivers and enablers the PHPN Strategy for year 2021
- To review and validate the initiatives based on the mission, available research and international best practices
- To refine the initiatives to include sub-initiatives to ensure effective implementation
- Overall coordination and facilitation of the workshop

*Deliverables:*

- Briefing and prepare the report of the Strategy Session

## C. FEES

**The proposed fee shall be as below:**

1) Facilitator: RM 500.00/hour

The workshop is estimated for 6 hours, the fee for this portion shall be: RM3,000.00 (*Ringgit Malaysia: Three Thousand Only*).

2) Report: RM500.00 (*Ringgit Malaysia: Five Hundred Only*).

Total Fees shall be **RM 3,500.00** (*Ringgit Malaysia: Three Thousand Five Hundred Only*). Please note that this cost excludes printing, logistic, administrative and other incidental expenses which will be informed beforehand and charged at cost only.

I hope that this proposal meets your expectations to ensure effective implementation of the initiatives under the Private Healthcare Productivity Nexus. I sincerely look forward to being of value and assistance to MPC and we are eager to start work as soon as possible.

**Thank you.**

Yours faithfully,  
*for* **ANUAR AZIZ ARCHITECT**,



**DATUK AR. HJ. SAIFUL ANUAR BIN ABDUL AZIZ**  
DPSM, APAM, RIBA, MIID, GBIF

**PRINCIPAL**

LAM Reg. No.: LAM A/S 99; LAM ID/S 42

GBI Reg. No.: GBIF/0017

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### **ACKNOWLEDGEMENT AND ACCEPTANCE**

We hereby acknowledge and acceptance of the terms and conditions in this letter.

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Signature of the Client

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Witness

Name in Full -----

Name in Full -----

NRIC -----

NRIC -----

Designation -----

Address -----

Date -----

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Date -----

Duly authorised to sign for and on behalf of

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(Company Stamp)