

OLDTOWN WHITE COFFEE



Date: 1/4/2026

Mr. Ezam Norhadi
Outlet Supervisor
OldTown White Coffee Senai Airport

Subject: Transfer to OldTown White Coffee Bukit Indah Mall

We are pleased to inform you that the Management has approved your transfer from OldTown White Coffee Senai Airport to OldTown White Coffee Bukit Indah.

Your transfer will be effective from 1 April 2026. You are required to report for duty at the Bukit Indah outlet on the above-mentioned date. Your position, salary, and terms and conditions of employment shall remain unchanged unless otherwise notified by the Company.

Please ensure that all responsibilities, company assets, and any outstanding matters at the Senai Airport outlet are properly handed over before your transfer date.

We appreciate your commitment and contributions to OldTown White Coffee and look forward to your continued dedication at the Bukit Indah outlet.

Should you require any clarification, please contact your Area Manager or the Human Resources Department.

Acknowledgement by Employee

I, Ezam Norhadi, acknowledge receipt of this transfer letter and accept the transfer to OldTown White Coffee Bukit Indah effective 1 April 2026.

EZAM

Ezam B. Norhadi

Nº 18952

 OLDTOWN WHITE COFFEE	PARTNER ACTION NOTICE (PAN)	
	NAME: <u>E2AM BIN NORHADI</u>	OUTLET / DEPT: <u>SENAI AIRPORT</u>
	NRIC or PASSPORT NO: <u>990727-01-5875</u>	DATE JOIN: <u>19.1.2025</u>

ACTION (Tick Where applicable)

Effective Date: <u>1. APRIL 2026</u>	Present Status: ☐ FT ☐ PT ☐ FW
☒ Transfer	☐ Promotion
☐ Backpayment	☐ Change In Pay
☐ Resignation	☐ Others: _____ (e.g. Conversion, Redesignation, MIA etc.)

Description	Current	New
Position	SUPERVISOR	SUPERVISOR
Outlet / Dept	SENAI AIRPORT	AEON BUKIT INDAH
Basic Salary	Rm 2000.00	Rm 2000.00
Allowance (if any)	-	-
Facility (eg: Simcard, Petrol Card)	-	-
Service Charge	-	-
Last day of Work / Service	-	-

Remark(s): TRANSFER TO AEON MALL BUKIT INDAH

Backpayment / Deduction	For Outlet Use (Please Attach Time Card)	For Human Resource Use
Normal Hour / Day(s)	hour(s)/day(s)	
OT (1.5 rate)	hours	
OT (2.0 rate)	hours	
Others		
Reason		

Partner's Signature: _____

Date: 20.3.26

Submitted By, _____

Verified By, _____

Approval By, _____

Final Approval By, _____

Name: _____

Name: _____

Name: _____

Date: 20.03.2026

Date: _____

Date: _____

IPOH HR COPY