







**B. Declaration by Director of Licensed Company.**

I \_\_\_\_\_ , NRIC No \_\_\_\_\_ ,  
Designation \_\_\_\_\_ , From Company \_\_\_\_\_  
\_\_\_\_\_ agreed that :

1. All information given in the application form and the attached supporting documents are genuinely correct and true.
2. Any false information given by applicant / Licensed Company will have the Social Visit Pass issued under this programme been cancelled without further notice.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_  
in the State of \_\_\_\_\_.

Date : \_\_\_\_\_

Signature of the above named

\_\_\_\_\_

\_\_\_\_\_

( Company Stamp )

Signed and executed by the above named in my presence.

Signature of Witness : \_\_\_\_\_

Full Name of Witness : \_\_\_\_\_

Date : \_\_\_\_\_

\* **Untuk kegunaan pejabat sahaja :**  
*For office use only :*

**Perseorangan**

**Bersama Isteri ( Jumlah Isteri :  orang )**

**Bersama Anak ( Jumlah Anak :  orang )**

**Catatan :**

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