FOR APPLICANT / SPOUSE

MINISTRY OF TOURISM MALAYSIA
Malaysia My Second Home Centre

BORANG PERMOHONAN PROGRAM MALAYSIA RUMAH KEDUA KU
APPLICATION FORM FOR MALAYSIA MY SECOND HOME PROGRAMME

Gambar pemohon bersaiz passport (warna)
Photograph of Applicant Passport Size (coloured)
(3.5 x 5.0 cm)

***Sila tandakan √ untuk permohonan kategori**
****Please tick √ category applied for***

☐ **50 Tahun dan Ke Atas** *50 Years And Above* ☐ **Bawah 50 Tahun** *Below 50 Years*

***Sila tandakan √ untuk jika memohon bersama**
****Please tick √ if applicant accompanied by***

☐ **Isteri** *Wife* ☐ **Anak** *Children*

Sila tandakan √ untuk memilih tempat tinggal
Please tick √ choice of stay

☐ **Semenanjung Malaysia** *Peninsular Malaysia* ☐ **Sabah** *Sabah* ☐ **Sarawak** *Sarawak*

A. MAKLUMAT PEMOHON
PARTICULAR OF APPLICANT

1. ***Nama Penuh (Huruf Besar)**
   ****Full Name (Capital Letters)***

2. **Sila tandakan (√)**
   Please tick (√)
   Jantina *Gender* ☐ **Lelaki** *Male* ☐ **Perempuan** *Female*

3. ***Taraf Perkahwinan (Sila tandakan √)**
   ****Marital Status (Please tick √)***
   ☐ **Bujang** *Single* ☐ **Berkahwin** *Married* ☐ **Bercerai** *Divorced*
   ☐ **Lain-lain** *Other* **Sila nyatakan :** _____
   Please Specify : _____

4. ***Tempat / Negara Kelahiran**
   ****Place of Birth (Country)***

5. **Tarikh Lahir (hb/bb/tahun)**
   Date Of Birth (dd/mm/yyyy)
   / /

6. ***Warganegara**
   ****Nationality***

7. ***Nombor Passport**
   ****Passport Number***

8. **Tempoh Sah (hb/bb/tahun)**
   Date of Expiry (dd/mm/yyyy)
   / /

9. *Alamat Tetap
Permanent Address

10. *Alamat Surat Menyurat
Mailing Address

11. Alamat E-mail (jika ada)
E-mail Address (if any)

12. *Nombor Telefon
Telephone Number

	Kod Negara *Country code*	Kod kawasan *Area code*	Nombor ***Number***
1)	-	-	
2)	-	-	

13. *Pekerjaan Sekarang
Current Employment

14. *Pendapatan Terkini (Setahun)
Income (Perannum)

15. Nama Majikan Terkini
Current Employer / Organization

16. Alamat Majikan
Employer Address

Jika Bersara :
If retired

17. Pekerjaan Terakhir
Last Employment

18. Pendapatan Pencen (Setahun) (Jika ada)
Pension Received (Perannum) (If any)

19. Nama Majikan Terakhir
Last Employer / Organization

20. Alamat Majikan Terakhir
Last Employer / Organization

21. Pengalaman Bekerja / *Working Experience*

No	*Jawatan / Position*	*Organisasi / Organization*	*Tahun / Year*
1.			
2.			
3.			
4.			
5.			

TANDATANGAN PEMOHON
Applicant's Signature

TARIKH
Date

Nota : Borang ini hendaklah dihantar bersama dengan maklumat dokumen yang disenaraikan Lampiran A .

(*) wajib diisi dengan tepat.

Note : This form is to be submitted together with documents / information listed in Appendix A.

(*) ***Compulsory to be completed by applicant.***

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 :

_____

_____

_____

_____