

NO. DOKUMEN	PK.(O),KPK.MM2H.02 (L10) Pin.1
TARIKH KUATKUASA	11 APRIL 2014
MUKA SURAT	3 daripada 5

FOR INDIVIDUAL APPLICANT / SPOUSE (THROUGH MM2H LICENSED COMPANY) v1.2

II) If retired (Q17 – 20):

17. Last employment

**18. Pension Received
(Per Annum) (if any)**

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19. Last Employer/ Organisation

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**20. Address of Last Employer/
Organisation**

21. Working Experience

No.	Position	Organisation	Year
1.			
2.			
3.			
4.			
5.			

Applicant's Signature

Date

Note: This form is to be submitted together with documents / information as per listed in Appendix A.
It is compulsory to be completed by applicant.

NO. DOKUMEN	PK.(O).KPK.MM2H.02 (L11) Pin.1
TARIKH KUATKUASA	11 APRIL 2014
MUKA SURAT	2 daripada 2

FOR CHILDREN BELOW 21 YEARS v1.2

11. Field of Study (if any)

12. Mailing Address

13. Telephone Number

	Country Code	Area Code	Number
1)			
2)			

Applicant Signature

Date

Note: This form is to be submitted together with the main/ principal application.

**MEDICAL REPORT
FOR MALAYSIA MY SECOND HOME PROGRAMME**

PERINGATAN

Reminder

BAHAGIAN II DAN II HENDAKLAH DIISI OLEH PEMOHON YANG BERKENAAN

Part I and II are to be completed by the applicant

1. BAHAGIAN I : BUTIR-BUTIR PERIBADI PEMOHON

Part I : Personal Particulars of Applicant

- a) **NAMA PENUH :**
Full name: (DALAM HURUF BESAR / IN CAPITAL LETTERS)
- b) **NAMA LAIN (JIKA ADA) :**
Other Name (if any) (DALAM HURUF BESAR / IN CAPITAL LETTERS)
- c) **JANTINA :**
Gender:
- d) **NOMBOR PASPORT :**
Passport Number:
- e) **TARIKH DAN TEMPAT LAHIR :**
Date and Place of Birth:

2. BAHAGIAN II : LATAR BELAKANG KESIHATAN

Part II: Medical History

a) **ADAKAH ANDA PERNAH MENGHADAPI PENYAKIT BERIKUT?**

Have you every suffered from the following ailments?

- | | YA
<i>Yes</i> | TIDAK
<i>No</i> | JIKA YA, BERI ULASAN
<i>if yes, give brief details</i> |
|--|--------------------------|---------------------------|--|
| i. PENYAKIT OTAK
<i>Mental Illness</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ii. BATUK KERING
<i>Tuberculosis</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| iii. SAWAN
<i>Epilepsy</i> | <input type="checkbox"/> | <input type="checkbox"/> | |

BORANG RB I
RB I Form

	YA Yes	TIDAK No	JIKA YA, BERI ULASAN if yes, give brief details
iv. LELAH <i>Chronic Asthma</i>	<input type="checkbox"/>	<input type="checkbox"/>	
v. HEPATITIS A / B	<input type="checkbox"/>	<input type="checkbox"/>	
vi. AIDS	<input type="checkbox"/>	<input type="checkbox"/>	
vii. KENCING MANIS <i>Diabetes Mellitus</i>	<input type="checkbox"/>	<input type="checkbox"/>	
viii. PENYAKIT JANTUNG <i>Heart Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	

b) RANGSANGAN <i>Senses</i>	BERFUNGSI <i>Functioning</i>	TIDAK BERFUNGSI <i>Not Functioning</i>
i. RASA <i>Taste</i>	<input type="checkbox"/>	<input type="checkbox"/>
ii. BAU <i>Smell</i>	<input type="checkbox"/>	<input type="checkbox"/>
iii. SENTUHAN <i>Touch</i>	<input type="checkbox"/>	<input type="checkbox"/>
iv. PENGLIHATAN <i>Vision</i>	<input type="checkbox"/>	<input type="checkbox"/>
v. PENDENGARAN <i>Hearing</i>	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION BY APPLICANT

I _____, Passport No. _____,
issued by the Government of _____ agree that:

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

Date this _____ day of _____ (month) _____ (year) at _____

_____ (address)

in the State of _____,

Country _____.

Date: _____

Signature of the above named

Director
Malaysia My Second Home Centre
Level 1, No 2, Tower 1,
Jalan P5/6, Precinct 5,
62200 Putrajaya,
MALAYSIA.



Date:

FINANCIAL STATUS OR ACCOUNT VERIFICATION AUTHORIZATION LETTER

I /we _____ Passport Number _____ hereby attached the financial statements for purpose of participation in Malaysia My Second Home Programme as follows:

1. Account No _____ from _____
(the said financial institution and branch)
2. Account No _____ from _____
(the said financial institution and branch)
3. Account No _____ from _____
(the said financial institution and branch)
4. Account No _____ from _____
(the said financial institution and branch)
5. Account No _____ from _____
(the said financial institution and branch)

I /we hereby give permission/consent to the authorised officer(s) from Malaysia My Second Home Centre, Ministry of Tourism and Culture Malaysia to verify my/our financial status or account with the said financial institution (s).

The permission hereby given is solely for the purpose of my/ours participation in the Malaysia My Second Home Programme.

Signature,

Name:
Address:
Telephone Number:



Director

Malaysia My Second Home Centre

Level 1, No 2, Tower 1,

Jalan P5/6, Precinct 5,

62200 Putrajaya,

MALAYSIA.

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TARIKH KUATKUASA	11 APRIL 2014
NUKA SURAT	2 daripada 2



Date:

JOB AND SALARY VERIFICATION AUTHORIZATION LETTER

I/We _____ Passport Number _____ hereby give permission/consent to the authorized officer(s) from Malaysia My Second Home Centre (MM2H), Ministry of Tourism and Culture Malaysia to verify my/our job and salary status with the organization that I have declared to MM2H Centre.

The permission hereby given is solely for the purpose of my/ours participation in the Malaysia My Second Home Programme.*

I/We declare that all information provided is to be true in every particular. Should I/we give false, inaccurate and wrong information, I am/we are subject to any legal action determined by the MM2H and I/we understand that my/our application will not be considered and will be rejected.

Signature,

Name:

Address:

Telephone Number:

**Information will be kept private and confidential by MM2H Centre.*