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



MINISTRY OF TOURISM AND CULTURE MALAYSIA

Malaysia My Second Home Centre

Telephone: +603 88917424

Fax: +603 88917414

APPLICATION FORM FOR THE MALAYSIA MY SECOND HOME PROGRAMME

A.	GEN	IERAL			[
	Plea	ase tick ✓ for applied category:					oort-sized ograph of	
		50 Years And Above	В	elow 50 Years		Applica	nt (coloured)
	Plea	ase tick ✓ if applicant is accompa	anied by			-	x 5.0 cm) pieces	
		Spouse	C	hildren				
	Plea	ase tick ✓ location of stay			·			_
		Peninsular Malaysia	Sa	abah		Sarawak		
		the age category 50 years and a	pove only, please	e specify preferre	d financial	requireme	ent (if applic	ation is
		Fixed Deposit of RM15	0,000	Monthly govern	nment pens	ion of RM	10,000	
В.	PAR	RTICULARS OF APPLICANT						
	1.	Full Name (Capital Letters)						
	2.	Please tick (✓)	Gender	Male		Fe	emale	
			Ex-Malaysian	Malaysia	ın I/C : _			
	3.	Marital Status [Please tick (✓)]	Single Other	Married Pl	Divorcease Specif		Widow/ Wi	dower
	4.	Place of Birth (Country)						
	7.	r lace of Birth (oddinay)						
	5.	Date of Birth (dd/mm/yyyy)	/	/				
	6.	Nationality						

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	FC	O <u>R INI</u>	DIVIL	UAL	APPI	LICAI	VT/	SPO	JSE (THR	DUG	H MIN	12H	LICEI	VSEL	COI	VIPAI	vrjv	1.2
7.	Passport Number																		
		<u> </u>				u u							u						
8.	Date of Expiry (dd/mm/yyyy)			/			/												
	, (, ,,,,,,,			-			-]										
9.	Permanent Address																		
Э.	r ermanent Address																		
40	Mailing Adduses																		
10.	Mailing Address																		
44	C mail Address (if any)																		
11.	E-mail Address (if any)																		
			Со	untr	у Со	de	Are	ea C	ode		Nu	mbe	r						
12.	Telephone Number	1)	Со	untr	у Со	de -	Are	ea C	ode	_	Nu	mbe	r						
12.	Telephone Number	1)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						
12.	Telephone Number	1)	Со	ountr	у Со		Are	ea C	ode	-	Nu	mbe	r						
		2)	Co	ountr	y Co	-	Are	ea C	ode		Nu	mbe	r						
I) <u>!</u>	if currently employed (Q13 – Q16	2)	Co	ountr	y Co	-	Are	ea C	ode		Nu	mbe	r						
I) <u>!</u>		2)	Co	ountr	y Co	-	Are	ea C	ode		Nu	mbe	r						
I) <u>!</u>	if currently employed (Q13 – Q16	2)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						
I) <u>!</u>	if currently employed (Q13 – Q16	2)	Co	ountr	y Co	-	Are	ea C	ode		Nu	mbe	r						
l) <u>l</u> 13.	if currently employed (Q13 – Q16 Current Employment	2)	Co	untr	y Co	-	Are	еа С	ode		Nu	mbe	r						
l) <u>i</u> 13.	if currently employed (Q13 – Q16	2)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						
l) <u>1</u>	If currently employed (Q13 – Q16 Current Employment Income (Per Annum)	2)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						
l) <u>i</u> 13.	If currently employed (Q13 – Q16) Current Employment Income (Per Annum) Current Employer/	2)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						
l) <u>1</u>	If currently employed (Q13 – Q16 Current Employment Income (Per Annum)	2)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						
l) <u>1</u>	If currently employed (Q13 – Q16) Current Employment Income (Per Annum) Current Employer/	2)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						
l) <u>1</u>	If currently employed (Q13 – Q16) Current Employment Income (Per Annum) Current Employer/	2)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						
l) <u>1</u>	f currently employed (Q13 – Q16) Current Employment Income (Per Annum) Current Employer/ Organisation	2)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						
l) 13. 14. 15.	If currently employed (Q13 – Q16) Current Employment Income (Per Annum) Current Employer/	2)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						
l) 13. 14. 15.	f currently employed (Q13 – Q16) Current Employment Income (Per Annum) Current Employer/ Organisation	2)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						
l) 13. 14. 15.	f currently employed (Q13 – Q16) Current Employment Income (Per Annum) Current Employer/ Organisation	2)	Co	untr	y Co	-	Are	ea C	ode		Nu	mbe	r						

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II)	If retired (Q17	<u>– 20):</u>													
17.	Last employi	ment													
18.	Pension Rec	eived													
	(Per Annum)	(if any)													
19.	Last Employe	er/ Organisation													
20.	Address of L	ast Employer/													
	Organisation	1													
21.	Working Exp	perience Position				Org	gani	sati	on				Ye	ar	
	1.														
	2.														
	3.														
	4.														
	5.														
	Applicant's S	ignature							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 (L10) Pin.1
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I		, NRIC No	, Designatio	n
		, from company		
agree that :				
All information given correct and true; and	in the applicati	on form and the attache	d supporting documents are ge	nuii
Visit Pass issued to th	e applicant/ de	pendents under this Prog	ensed Company will result in the gramme cancelled without further cessary by the Ministry of Touris	no
Dated this (day)	of (date)	in the month of _	of the year	
at			•	
			(add	ires
in the State of		;		
Country		;		
Date :		Sig	gnature of the above named:	
		_		
Signed and executed by the	ne above named	I in my presence :		
Signature of Witness	:			
Full name of Witness	:			
Nationality	:			
Passport/ MyKad Number	:			
Date				

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or office us	e only :			
	Individual			
	With wife	[Number of wives :	person(s)]	
	With children	[Number of children :	person(s)]	
Additional I	nformation :			

* IMPORTANT:

 Submission of application by third parties for the MM2H Programme is only authorised to MM2H Licensed Agents. A list of registered MM2H licensed agents is available on the "LICENSING" page of the MM2H Centre website at http://www.mm2h.gov.my.

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FOR CHILDREN BELOW 21 YEARS v1.2



MINISTRY OF TOURISM AND CULTURE MALAYSIA

Malaysia My Second Home Centre

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APPLICATION FORM FOR THE MALAYSIA MY SECOND HOME PROGRAMME

Passport-sized Photograph of Applicant (coloured) $(3.5 \times 5.0 \text{ cm})$ A. PARTICULARS OF APPLICANT 1. Full Name (Capital Letters) 2. Please tick (√) Female Gender Male 3. Place of Birth (Country) Date of Birth (dd/mm/yyyy) 4. 5. **Nationality Passport Number** 6. 7. Date of Expiry (dd/mm/yyyy) 8. Please tick (✓) Student Pass Yes No 9. Student Pass Number (if any) 10. School/ College/ University (if any)

NO. DOKUMEN	PK.(O).KPK.MM2H.02 (L11) Pin.1
TARIKH KUATKUASA	11 APRIL 2014
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FOR CHILDREN BELOW 21 YEARS v1.2

11.	Field of Study (if any)															
12.	Mailing Address															
			Co	ountr ode	у		Are	ea C	ode		Nu	mbe	r			
						_				-						
13.	Telephone Number	1)														
13.	Telephone Number	2)				-				-						
13.	Telephone Number					-				-						
13.	Telephone Number					-				-						
13.						-					Date					
13.	Telephone Number Applicant Signature					-					Date	e				
13.						-					Date	e				

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



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BORANG RB I RB I Form

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

	AHAGIAI ort I :				ADI PEMOH Applicant	ION
a)		MA PENUH : name:	(DALA	M HURU	F BESAR /	IN CAPITAL LETTERS)
b)		MA LAIN (JIKA A er Name (if any)		M HURU	F BESAR /	IN CAPITAL LETTERS)
c)		NTINA : nder:				
d)		MBOR PASPOR	Т:			
e)		RIKH DAN TEMP e and Place of Bi		IR:		
	AHAGIAI art II:		R BELA al Histor		ESIHATAN	N
a)		AKAH ANDA PE ve you every suffe		_		YAKIT BERIKUT? nts?
				YA Yes	TIDAK <i>N</i> o	JIKA YA, BERI ULASAN if yes, give brief details
	i.	PENYAKIT OT Mental Illness	AK			
	ii.	BATUK KERIN Tuberculosis	IG			
	iii.	SAWAN Epilepsy				



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BORANG RB I RB I Form

			YA Yes	TIDAK No	JIKA YA, BERI ULASAN if yes, give brief details
	iv.	LELAH Chronic Asthma			
	V.	HEPATITIS A / B			
	vi.	AIDS			
	vii.	KENCING MANIS Diabetes Mellitus			
	viii.	PENYAKIT JANTUNG Heart Disease			
b)	RAN Sen	I GSANGAN ses	BERFUI Function		TIDAK BERFUNGSI Not Functioning
	i.	RASA Taste			
	ii.	BAU Smell			
	iii.	SENTUHAN Touch			
	iv.	PENGLIHATAN Vision			
	v.	PENDENGARAN Hearing			



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BORANG RB I RB I Form

DECLARATION BY APPLICANT

1		, Pass	port No.	,
issued by the Go	overnment of		agree t	hat:
All information correct and to	_	eation form and the su	ipporting documents are	genuinely
-		• •	d Company will result in ed without further notice	
Date this	day of	(month)	(year) at	
Country				
Date:			Signature of the above	named



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Director

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



MALAYSIA. Date:

FINANCIAL STATUS OR A	CCOUNT VERIFICATION	AUTHORIZATION LETTER
I /we	Passport Number	hereby attached
the financial statements for purpos	e of participation in Mal	aysia My Second Home Programme
as follows:		
1. Account No	from	(the said financial institution and branch)
2 Account No	from	(the said illiancial illistration and station)
2. Account No		(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		(the said financial institution and branch)
, ,	and Culture Malaysia t	officer(s) from Malaysia My Second to verify my/our financial status or
The permission hereby given is sole	ely for the purpose of m	y/ours participation in the Malaysia
My Second Home Programme.		
Signature,		
Name: Address: Telephone Number:		



NO. DOKUMEN	PK.(O).KPK.MM2H.02 (L15) Pin.1
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Date:

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

IOR AND SALARY VERICICATION ALITHORIZATION LETTER

JOB AND 3	BALART VERIFICATION AOTHORIZATION 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 sal	ary status with
the organization that I have d	eclared to MM2H Centre.	
The permission hereby given	is solely for the purpose of my/ours participation i	n the Malaysia
My Second Home Programme	<u>a</u> .*	
I/We declare that all informa	ation provided is to be true in every particular. Sh	ould I/we give
false, inaccurate and wrong in	nformation, I am/we are subject to any legal action	determined by
the MM2H and I/we unders	tand that my/our application will not be consider	ed and will be
rejected.		
Signature,		
Name:		
Address:		
Telephone Number:		

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