



MINISTRY OF TOURISM AND CULTURE MALAYSIA

Malaysia My Second Home Centre

Telephone: +603 88917424 Fax: +603 88917415

APPLICATION FORM FOR THE MALAYSIA MY SECOND HOME PROGRAMME

A. GENERAL

Please tick ✓ for applied category:

50 Years And Above Below 50 Years

Please tick ✓ if applicant is accompanied by

Spouse Children

Please tick ✓ location of stay

Peninsular Malaysia Sabah Sarawak

Passport-sized
Photograph of
Applicant (coloured)
(3.5 x 5.0 cm)
3 pieces

For the age category 50 years and above only, please specify preferred financial requirement (if application is approved):

Fixed Deposit of RM150,000 Monthly government- approved pension of RM10,000

B. PARTICULARS OF APPLICANT

1. Full Name (Capital Letters)

2. Please tick (✓)

Gender Male Female

Ex-Malaysian Malaysian I/C : _____

3. Marital Status [Please tick (✓)]

Single Married Divorced Widow/ Widower
 Other Please Specify: _____

4. Place of Birth (Country)

5. Date of Birth (dd/mm/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

6. Nationality

7. Passport Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Date of Expiry (dd/mm/yyyy)

		/			/				
--	--	---	--	--	---	--	--	--	--

9. Permanent Address

10. Mailing Address

11. E-mail Address (if any)

12. Telephone Number

	Country Code	Area Code	Number
1)		-	
2)		-	

I) If currently employed (Q13 – Q16):

13. Current Employment

14. Income (Per Annum)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

15. Current Employer/
Organisation

16. Employer's Address

II) **If retired (Q17 – 20):**

17. **Last employment**

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

19. **Last Employer/ Organisation**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.
Compulsory to be completed by applicant.

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 :**
Fullname : (DALAM HURUF BESAR / IN CAPITAL LETTERS)
- b) **NAMA LAIN (JIKA ADA) :**
Other Name (if any) (DALAM HURUF BESAR / IN CAPITAL LETTERS)
- c) **JANTINA :**
Sex :
- 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"/>	

	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 abovenamed

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



Date:

AUTHORIZATION LETTER

I /we _____ Passport Number _____ hereby attached the financial statements for the 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: