



**MINISTRY OF TOURISM, CREATIVE INDUSTRY  
AND PERFORMING ARTS SARAWAK**  
Sarawak-Malaysia My Second Home



**APPLICATION FORM FOR SARAWAK-MALAYSIA MY SECOND HOME PROGRAMME**

**A. GENERAL**

Please tick ✓ category applied for

- 50 Years Old and Above       Below 50 Years Old  
 New Application               Renewal/ Extension

Please tick ✓ if applicant accompanied by

- Spouse                                       Children  
 Parents of Applicant

Photograph of  
Applicant Passport  
size (colored)  
(3.5 x 5.0 cm)

**B. PARTICULAR OF APPLICANT**

1. FULL NAME (Capital Letters)


2. Gender (Please tick ✓)

- Male                                       Female

3. Marital Status (Please tick ✓)

- Single                                       Married                                       Divorced  
 Widow/Widower                       Other \_\_\_\_\_

4. Place of Birth (Country)

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

		/			/														
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6. Nationality


7. Passport Number


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

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9. Permanent Address


10. Mailing Address


11. Address in Malaysia (if any)


12. Email Address (if any)


		Country Code	Area code	Number																					
13. Telephone Number	1)		-		-																				
	2)		-		-																				

14. Current Employment																									

15. Income (per Annum)																								
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16. Current Employer/ Organization																								

17. Employer Address																								

*If retired:*

18. Last Employment																								

19. Pension Received (Per annum; if any)																								
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20. Last Employer/ Organization																								

21. Last Employer/ Organization Address																								

22. Working Experience

No	Position	Organization	Year

Applicant's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

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

**C. DECLARATION BY APPLICANT**

I \_\_\_\_\_, passport No. \_\_\_\_\_,  
issued by Government of \_\_\_\_\_ agree that:

- a) All information given in the application form and the attached supporting documents are genuinely correct and true.
- b) Any false information given by applicant will have their Social Visit Pass issued under this programme cancelled without further notice.

Date this \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
at (address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the state of \_\_\_\_\_  
Country \_\_\_\_\_

Signature of the above named

\_\_\_\_\_

Signed and executed by the above named in my presence

Signature of Witness : \_\_\_\_\_  
Full Name of Witness : \_\_\_\_\_  
Nationality : \_\_\_\_\_  
Passport Number : \_\_\_\_\_  
Identity Number : \_\_\_\_\_  
Date : \_\_\_\_\_