

MINISTRY OF TOURISM, CREATIVE INDUSTRY & PERFORMING ARTS SARAWAK APPLICATION FORM FOR SARAWAK-MALAYSIA MY SECOND HOME PROGRAMME



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

A. PARTICULAR OF APPLICANT

1. FULL NAME (Capital Letters)

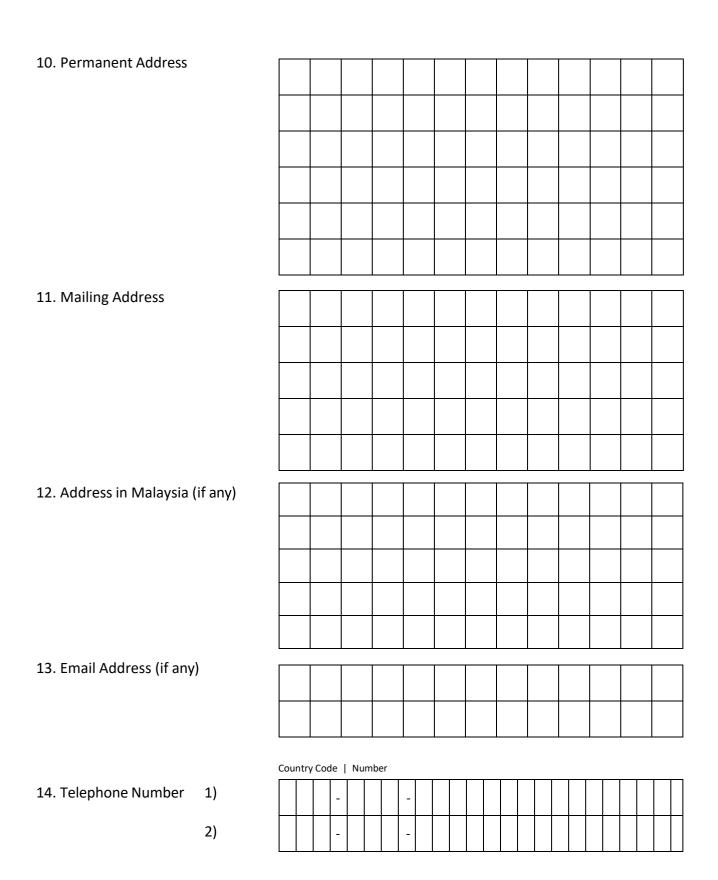
- 2. Gender (Please tick \checkmark)
- 3. Marital Status (Please tick ✓)
- 4. Place of Birth (Country)
- 5. Date of Birth (dd/mm/yyyy)
- 6. Nationality
- 7. Other Nationality (if any)
- 8. Passport Number
- 9. Date of Expiry (dd/mm/yyyy)

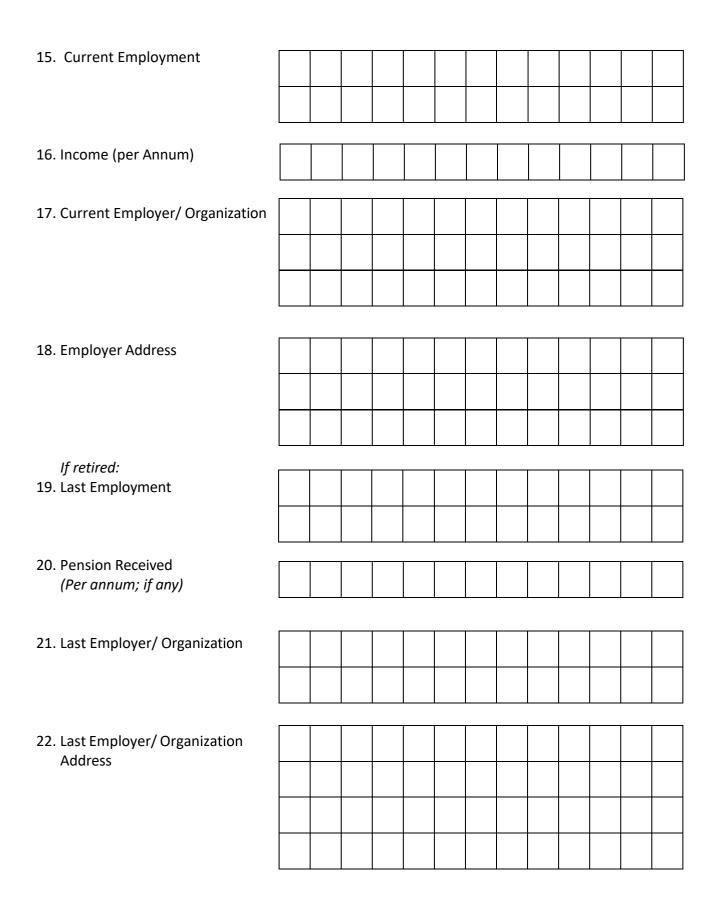
	Mal	e				Fe	male	1				
()	Sing	gle				M	arrie	d		Div	orce	d
	Wid	low/\	Nido	wer	ver Other							
		/			/							
	 •			•	•							

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Application forms-2025ver1





23. Working Experience

No	Position	Organization	Year

B. DEPENDANT

Please tick \checkmark if applicant accompanied by

		1
		L

Spouse

Children

Parents of Applicant

Applicant's Signature

Date

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

C. DECLARATION BY APPLICANT

l,	,	(male/female),	of	
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(insert residential address of the applicant in home country), hereby declare that:

1. I am a citizen of:

(a)		holding	Passport	No.	 issued	by	the	Government	of
		<i>,</i> and							
(b)	*	holding	Passport	No.	 issued	by	the	Government	of
		, and							
(c)	*	holding	Passport	No.	 issued	by	the	Government	of
141									

(*delete where inappropriate)

- 2. Other than as declared above, I have not acquired the citizenship of any other country (whether by operation of law, naturalization or otherwise).
- 3. All information I have given in my S-MM2H application form (including my gender, religion, marital and employment status) and supporting documents are genuine, true and correct.
- 4. I make this declaration in full knowledge and awareness of the Government's reliance on the information contained in my application under the S-MM2H Program.
- 5. In the event such information is found to be false, incorrect or untrue
 - (a) the social visit pass issued to me under the S-MM2H Program shall be liable to be canceled or revoked at any time without further notice or reference to me;
 - (b) the Government shall be entitled to take such action as it may, at its absolute discretion deemed necessary, including -
 - (i) forfeiture of all and any security provided by me; and
 - (ii) legal action against me under the provisions of any law.
- 6. I undertake and agree to fully indemnify the Government in full, from and against all consequences, liabilities, actions, suits, proceedings, damages, costs, claims, demands, expenses or losses whatsoever which may be taken or made against the Government or incurred or become payable by the Government by reason of or on account of approving my application under its S-MM2H program.
- 7. I have not been convicted nor investigated for any criminal activity or offence under any law, whether in my country or elsewhere and am a fit and proper person to be approved and accepted under the said program. I attach herewith a letter of good conduct duly issued by the relevant authority in my country of origin.
- 8. I have given my consent and am agreeable for my personal data to be disclosed to enable the Government to process my application under the S-MM2H program and undertake to keep my personal data updated by notifying the Government of any changes.

- 9. I undertake and agree to:
 - a. at all times, abide by and comply with all S-MM2H requirements and all applicable laws;
 - b. provide all information and documents requested by the Government for the purpose of processing and approving my application under the S-MM2H program;
 - c. provide full cooperation and assistance to the Government pertaining to my application and all matters under the S-MM2H program relating to me; and
 - d. immediately notify the Government in the event I fail to satisfy any of the requirements prescribed in respect of the S-MM2H program.
- 10. I agree that notwithstanding approval of my application under the S-MM2H program and issuance of a (social visit) pass, the same is subject to vetting and clearance by the Royal Malaysian Police (PDRM) and such other conditions as may be imposed by PDRM and the Government, and that if clearance by PDRM is denied, withheld or withdrawn for whatever reason, the Government shall be entitled to cancel or revoke any (social visit) pass issued to me under the S-MM2H program.

Declared by the above-named)	
atin		20	_)	
on this day of in the presence of: –		20	_)	(Signature of applicant)
(Signature of Witness) Full Name of Witness	:			
Nationality	:			
Passport/ MyKad No.	:			
Occupation	:			
Address	:			

	BORANG VISIT	TAN IMIGRESEN MALAY PERMOHONAN PAS LAN PASS APPLICATION FOR N IMIGRESEN, 1963 [Perate	NATAN RM	IM. 12 - Pin. 1/97
*Jenis Pas Iktisa Type of Pass Profe *Jenis Permohonan Type of Application	s Sosial Sosial Social Baru		ementara rary Employment	
A. MAKLUMAT PE PARTICULARS (1. Nama Penuh (H Full Name (Capite	DF APPLICANT uruf Besar) al Letter)		(3.	mbar Pemohon Photograph Of Applicant 5 cm × 5.0 cm)
	Lelaki Perempuan Male Female hari bulan tahun day month year	 Tempat/Negar Place/Country of Warganegara Nationality 		1. 1. V.r.
 PARTICULARS 6. Jenis Dokumen P Type of Travel Do 8. Tempat / Negara Place / Country of C. MAKLUMAT PE 	Cument *	7.	Nombor Number **Sah Sehingga Valid Until hari day	bulan tahun month year
 11. No. Kad Penger NRIC 13. Alamat Address 	nalan		b. Telefon Belephone No.	·
D. KEPERLUAN V VISA REQUIRE				
14. *Adakah Visa I Visa Requiren 15. *Jenis Visa Type of Visa	Diperlukan Ya		Tidak No	
Tarikh Date • Borang ini henda	klah ditaip. Tandakan (x) dalam petal	Tandatangan Pemohon / Pe Signature of Applicant / Spo k yang berkenaan.	nsor ** Format Tarikh	99/99/9999

This form should be typed. Mark (x) in the appropriate box.

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Date Format DD/MM/YYYY

(Im. 38-Pin. 1/93)

PERMOHONAN UNTUK VISA

		Visa No
Nama penuh	(Dengan huruf cerai)	
Nama dalam Tulisan Cina (Jika berkenaan—SILA TULIS DENGAN TERAN)		Jantina
Tarikh lahir	Negeri lahir	
Loghat	Kerakyatan	
Pekerjaan		
Alamat di Malaysia		
Alamat di luar negeri		
Pasport No	(Tempat dikeluarkan)	(Tarikh dikeluarkan)
Kad Pengenalan No	(Tempat dikeluarkan)	(Tarikh dikeluarkan)
Visa dikehendaki bagi negeri		1. A SA S
Tarikh		
		Tandatangan Pemohon
	KEGUNAAN PEJABAT)	
(Konsol Visa/).	5	
(Tarikh Saringan Akhir))		5

[Borang ini diterjemahkan oleh Peguam Negara, Malaysia menurut Pemberitahu Undangan No. 12 tahun 1964, P.N. 3630/5-1; IMM/C/97/66 (12).]

GOVERNMENT OF MALAYSIA Immigration Act 1959/63 (Revised 1975) Immigration Regulations 1963 (F.L.N 228/63)

PERSONAL BOND

(Regulation 18)

WHEREAS it is a condition of the issue of a		pass to me
	of	
That there be furnished by me / on behalf of the	ne said	
Security in the sum of RM as a gua	rantee that I/ the said	
will comply with the provisions of the above A	ct and of any regulations r	made thereunder and with any
conditions imposed in respect of or instruction	s endorsed on such	pass;
1. x	8	a dige
NOW I,		of
		do hereby bind
Myself that I/the said		
will comply with the provisions of the above Ad	ct and of any regulations r	made thereunder and with any
conditions imposed in respect of or instruction	s endorse on such	pass;
AND in case of my / the said		making default therein,
I hereby bind myself to forfeit to the Governme	ent of Malaysia the sum o	f RM
Dated thisday of20	at	in the State of Sarawak
		Signature of the above named
Signed and executed by the above named		
In my presence		
	0	
RM10.00 stamp to be affixed here		
	Address of Witness :	

GOVERNMENT OF MALAYSIA Immigration Act 1959/63 (Revised 1975) Immigration Regulations 1963 (F.L.N 228/63)

SECURITY BOND

(Regulation 18)

WHEREAS it is a condition of the issue of a	pass to me
of	
That there be furnished by me / on behalf of the said	
security in the sum of RM	as a guarantee that I/ the said
will comply with the provision of the above A	ct and of any regulations made
thereunder and with any regulations made thereunder and with any cor	nditions imposed in respect of or
instructions endorsed on suchpass;	
NOW, !	
	do hereby bind
myself that I/the said	
will comply with the provisions of the above Act and of any regulations r	nade thereunder and with any
conditions imposed in respect of or instructions endorse on such	pass;
AND in case of my / the said	making default therein,
I hereby bind myself to forfeit to the Government of Malaysia the sum o	f RM

Signature of the above named

.....

Signed and executed by the above named	
In my presence	
	Signature of Witness:
RM10.00 stamp to be affixed here	Full Name of Witness:
	Address of Witness :

'Borang BK'

Annexa kepada Borang (IMM. 45 dan IMM.45A)

BUTIRAN MENGENAI PENAJA TEMPATAN PEMOHON

۱.	Nama :		
2.	Tarikh/Tempat Lahir :		ulam Tulisan Cina
3.	Taraf Perkahwinan :		
4.	Pekerjaan :		
5.	Kad Pengenalan Biru No. :		
6.	Tarikh/Tempat dikeluarkan	·····	·····•.
7.	Pertalian dengan pemohon :	······	
8.	Bangsa:		•••••
9.	Alamat:		
10.	Telefon :	(pejabat)	
		(rumah)	
			*
Tarikh	1 :	Tandatangan Penaja	•••••

2396 11/R(04) L-B6 149/PNMB, Kch.

Date

Sponsor Name Sponsor Address Telephone Number

Director,

Immigration Department, Sarawak 1st & 2nd Floor, Bangunan Sultan Iskandar, Jalan Simpang Tiga, 93550, Kuching

Sir

Letter of Intent to sponsor S-MM2h Applicant

I, (Name) (IC No: XXXXXXXXX), will like to be the sponsor for (Name) (Passport No: XXXXX), in he/her MM2H application.

For your information, he/she wants to apply for MM2H because XXXXXXXXXX.

I will undertake to fulfill all the requirement of the responsibility for the purpose of their MM2H application and during the period of their residence in Sarawak under MM2H programme.

Thank you.

Yours Sincerely,

Signature (Name)

BORANG RB II FORM RB II

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LAPORAN PERUBATAN PEMOHON MEDICAL REPORT OF APPLICANT

Peringa Remina		: ;					DIISI OLEH PE .ETED BY THE		
1.	<u>BAHAG</u> <u>Part i</u>		:	BUTIR- PERSO	BUTIR P	ERIBADI P RTICULAR	EMOHON S OF APPLICA	<u>NT</u>	
(a)	NAMA FULL N	PENUH <i>IAME</i>	: ;		(DALAM	HURUF B	ESAR / IN BLO	CK LETTERS)	•••••
(b)	NAMA OTHER	LAIN (J	IKA ADA (IF ANY	A): ():	(DALAN	HURUF L	BESAR / IN BLO	OCK LETTERS)	
(c)	JANTIN SEX	A	:						
(d)			PORT JMBER	1.21					
(e)				LAHIR BIRTH					
2.	BAHAO PART I	<u>gian II</u> <u>1</u>	:			ANG KESI KGROUND			
(A)							IT-PENYAKIT S SS AS LISTED	EPERTI BERIKU BELOW:	т:
					YA YES	TIDAK NO		, BERI ULASAN IVE BRIEF DETA	ILS
	(1)		AKIT OT						
	(11)	and the second sec	KERIN RCOLUS						
	(111)	gila B Epilei							
	(IV)	LELAH CHRO	NIC AST	ГНМА					

HEPATITIS A @ B

KENCING MANIS DIABETES MELLITUS

PENYAKIT JANTUNG

HEARTS DISEASE

AIDS

(V)

(VI)

(VII)

(VIII)

(B)	RANSA SENSE		BERFUNGSI FUNCTIONING	TIDAK BERFUNGSI NOT FUNCTIONING	
	(I)	RASA TASTE			
	(11)	BAU SMELL			
	(V)	SENTUHAN TOUCH			
	(VI)	PENGLIHATAN VISION			
	(V)	PENDENGARAN HEARING			

3. <u>BAHAGIAN III</u> : <u>PENGESAHAN DOKTOR</u> <u>PART III</u> : <u>CERTIFICATION BY DOCTOR (TO BE COMPLETED BY A</u> <u>REGISTERED DOCTOR</u>)

HE/SHE IS NOT SUFFERING FROM ANY DISEASE AND IS HEALTHY

.

HE/SHE IS NOT VERY HEALTHY BUT IS NOT SUFFERING FROM ANY CONTAGEOUS OR INFECTIOUS DISEASE

- 1				
- 1	_	_	_	_

HE/SHE IS NOT HEALTHY AND IS SUFFERING FROM CONTAGEOUS OR INFECTIOUS DISEASE WHICH MAKES HIS/HER PRESENCE DANGEROUS TO THE COMMUNITY

HE/SHE IS NOT HEALTHY AND UNFIT FOR A LONG DISTANCE TRAVEL AND CHANCES OR RECOVERY IS VERY SLIM

SIGNATURE AND NAME OF DOCTOR:	*
POSITION HELD:	
OFFICAL SEAL :	
DATED THIS	. DAY OF