

23. Working Experience

No	Position	Organization	Year

B. DEPENDANT

Please tick ✓ if applicant accompanied by

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

I,, (male/female), of
.....
(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, and
 - (b) * holding Passport No. issued by the Government of, and
 - (c) * holding Passport No. issued by the Government of

(*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 _____)
 _____)
 at _____ in _____)
 on this ____ day of _____ 20 ____) _____
 in the presence of: – _____) *(Signature of applicant)*

(Signature of Witness)

Full Name of Witness :

Nationality :

Passport/ MyKad No. :

Occupation :

Address :

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 said
Security in the sum of RM..... as a guarantee that I/ the said
will comply with the provisions of the above Act and of any regulations made thereunder and with any
conditions imposed in respect of or instructions endorsed on suchpass;

NOW I,NRIC No.....of
..... do hereby bind
Myself that I/the said
will comply with the provisions of the above Act and of any regulations made thereunder and with any
conditions imposed in respect of or instructions endorse on suchpass;

AND in case of my / the said making default therein,
I hereby bind myself to forfeit to the Government of Malaysia the sum of 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

Signature of Witness:.....

Full Name of Witness:.....

Address of Witness :

.....

RM10.00 stamp to be affixed here

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 Act and of any regulations made
thereunder and with any regulations made thereunder and with any conditions imposed in respect of or
instructions endorsed on such.....pass;

NOW, I....., NRIC No.....of.....
..... do hereby bind
myself that I/the said
will comply with the provisions of the above Act and of any regulations made thereunder and with any
conditions imposed in respect of or instructions endorse on suchpass;

AND in case of my / the said making default therein,
I hereby bind myself to forfeit to the Government of Malaysia the sum of RM.....

Dated thisday of,20..... at**Jabatan Imigresen Malaysia Sarawak**..... in the
State of Sarawak.

Signature of the above named

.....

Signed and executed by the above named

In my presence

Signature of Witness:.....

Full Name of Witness:.....

Address of Witness :

.....

RM10.00 stamp to be affixed here

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

BUTIRAN MENGENAI PENAJA TEMPATAN PEMOHON

1. Nama :

2. Tarikh/Tempat Lahir :

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 :

.....
Tandatangan Penaja

<i>Nama Dalam Tulisan Cina</i>		

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: XXXXXXXXXXX), 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 XXXXXXXXXXX.

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**

LAPORAN PERUBATAN PEMOHON MEDICAL REPORT OF APPLICANT
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Peringatan : BAHAGIAN I DAN II HENDAKLAH DIISI OLEH PEMOHON
Reminder : 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 BLOCK LETTERS)

(b) **NAMA LAIN (JIKA ADA)** :
OTHER NAME (IF ANY) : (DALAM HURUF BESAR / IN BLOCK 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 BACKGROUND**

(A) **ADAKAH ANDA PERNAH MENGHIDAP PENYAKIT-PENYAKIT SEPERTI BERIKUT:**
HAVE YOU EVER SUFFERED FROM ANY ILLNESS AS LISTED BELOW:

	YA YES	TIDAK NO	JIKA YA, BERI ULASAN IF YES, GIVE BRIEF DETAILS
(I) PENYAKIT OTAK MENTAL ILLNESS	<input type="checkbox"/>	<input type="checkbox"/>	
(II) BATUK KERING TUBERCULOSIS	<input type="checkbox"/>	<input type="checkbox"/>	
(III) GILA BABI EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>	
(IV) LELAH CHRONIC ASTHMA	<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 DIABETES MELLITUS	<input type="checkbox"/>	<input type="checkbox"/>	
(VIII) PENYAKIT JANTUNG HEARTS DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	

(B)	RANSANGAN SENSES	BERFUNGSI FUNCTIONING	TIDAK BERFUNGSI NOT FUNCTIONING
(I)	RASA TASTE	<input type="checkbox"/>	<input type="checkbox"/>
(II)	BAU SMELL	<input type="checkbox"/>	<input type="checkbox"/>
(V)	SENTUHAN TOUCH	<input type="checkbox"/>	<input type="checkbox"/>
(VI)	PENGLIHATAN VISION	<input type="checkbox"/>	<input type="checkbox"/>
(V)	PENDENGARAN HEARING	<input type="checkbox"/>	<input type="checkbox"/>

3. **BAHAGIAN III :** **PENGESAHAN DOKTOR**
PART III : **CERTIFICATION BY DOCTOR (TO BE COMPLETED BY A REGISTERED DOCTOR)**

I HAVE THIS DAY EXAMINED
 PASSPORT NUMBER AND CERTIFY THAT:

- 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
- 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