



**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)

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 : _____

APPENDIX A

DOCUMENT REQUIRED

A. FROM APPLICANT (including spouse/parent/children)

- 1. A copy of MM2H Application Form EACH.
- 2. A copy of IM.12 Application Form (Social Visit Pass Form) EACH.
- 3. A copy of Letter of Good Conduct from the Origin Country.
- 4. A copy of certified copy of passport EACH **(all pages-from front to back cover)**.
- 5. Note: Copy of previous passport is required if applicant has renewed his / her passport in less than one year.
- 6. Six (6) copies of passport-sized photographs EACH.

B. FROM AGENT

- 7. A copy of Security Bond Form (MUST Affixed with MYR 10.00 stamp duty by Inland Revenue Board of Malaysia).
- 8. Cover letter from MM2H licensed company.
- 9. A copy of company's MM2H license which is still valid.
- 10. Letter of confirmation on employment of representative under the MM2H licensed company
- 11. Sponsor Declaration Form (BK form)
- 12. Letter of Confirmation from Tourism Licensing Division, Ministry of Tourism and Culture Malaysia if the MM2H license is not available (due to renewal or change of company's particulars)
- 13. A copy of company's SSM stakeholder list

OR

B. FROM SPONSOR

- 14. A copy of Personal Bond Form (MUST Affixed with MYR 10.00 stamp duty by Inland Revenue Board of Malaysia).
- 15. A copy of BK Form.
- 16. A copy of Letter of intention from sponsor.
- 17. A copy of certified copy of sponsor's identity card.

C. FINANCIAL PROOF (For Main Applicant)

- 18. A copy of certified copy of S-MM2H Fixed Deposit statement from any local bank in Sarawak [amount to RM 300,000.00 (for couple) or RM 150,000.00 (for individual)]

AND

- A copy of certified copy of latest 3 months government approved pension funds (for applicants who are 50 years old and above) [RM 10,000.00 (for couple) or RM 7,000.00 (for individual)].

OR

- A copy of certified copy of latest 6 months bank statement, proof of employment and 6 months latest pay slip monthly off-shore income funds (for applicants who are 30 years old and above) [RM 10,000.00 (for couple) or RM 7,000.00 (for individual)].

D. OTHER SUPPORTING DOCUMENTS

- 19. A copy of RB II Form and all Medical Report test result including X-ray MUST be Certified and Signed by the hospital Medical Officer and Endorsed by Polyclinic Sarawak Medical Officer (EACH page). (Separated form for spouse/parent/children).
- 20. A copy of certified copy of Marriage Certificate (if accompanied by spouse).
- 21. A copy of certified copy of Birth Certificate (if accompanied by parent/children/adopted children/stepchildren).
- 22. A copy of Local Insurance Purchase (For applicant below 60 years old)

For applicant who are 40-49 years old:

- 23. Copy of proof of children study in Sarawak (if accompanied by children).
- OR**
- 24. Copy of show proof of residential properties purchase of at least RM 600,000.00 in Sarawak.
- OR**
- 25. Copy of long-term medical treatment in Sarawak verified by Private/ Government Physician who are registered with Malaysian Medical Council

Important Notes:

- ★ All copies must be certified by Embassy / High Commission / Lawyer / Notary Public / Commissioner of Oaths / Government Officer (Immigration Department)
- ★ Where original documents are not in English, translation must be done by qualified translator.
- ★ Medical Report can be carried out at any registered medical facilities (not private clinic) within Sarawak.
- ★ Medical Report is exempted for children below 8 years old.

For Office use only:

- Individual
- Accompanied by Spouse
- Accompanied by Parent
- Accompanied by Children (Number of Children: _____ people)

Remarks:



JABATAN IMIGRESEN MALAYSIA
BORANG PERMOHONAN PAS LAWATAN
VISIT PASS APPLICATION FORM
 PERATURAN-PERATURAN IMIGRESEN, 1963 [Peraturan 11(12) dan 11(15)]

IM. 12 - Pin. 1/97

*Jenis Pas Iktisas Sosial Berniaga Kerja Sementara
 Type of Pass Professional Social Business Temporary Employment

*Jenis Permohonan Baru Lanjutan
 Type of Application New Extension

Gambar Pemohon
 Photograph Of
 Applicant
 (3.5 cm x 5.0 cm)

A. MAKLUMAT PEMOHON
PARTICULARS OF APPLICANT

1. Nama Penuh (Huruf Besar)
 Full Name (Capital Letter)
2. *Jantina Lelaki Perempuan
 Gender Male Female
3. Tempat/Negara Lahir
 Place/Country of Birth
4. **Tarikh Lahir
 Date of Birth
 hari bulan tahun
 day month year
5. Warganegara
 Nationality

B. MAKLUMAT PASPORT PERJALANAN / DOKUMEN PERJALANAN
PARTICULARS OF PASSPORT / TRAVEL DOCUMENT

6. Jenis Dokumen Perjalanan
 Type of Travel Document
7. Nombor
 Number
8. Tempat / Negara Dikeluarkan
 Place / Country of Issue
9. **Sah Sehingga
 Valid Until
 hari bulan tahun
 day month year

C. MAKLUMAT PENGANJUR DI MALAYSIA
PARTICULARS OF SPONSOR IN MALAYSIA

10. Nama Penuh (Huruf Besar)
 Full Name (Capital Letter)
11. No. Kad Pengenalan
 NRIC
12. No. Telefon
 Telephone No.
13. Alamat
 Address
- Negeri
 State

D. KEPERLUAN VISA
VISA REQUIREMENT

14. *Adakah Visa Diperlukan Ya Tidak
 Visa Requirement Yes No
15. *Jenis Visa Sekali Perjalanan Berulang-kali Perjalanan
 Type of Visa Single Entry Multiple Entry

Tarikh
 Date

Tandatangan Pemohon / Penganjur
 Signature of Applicant / Sponsor

• Borang ini hendaklah ditaip. Tandakan (x) dalam petak yang berkenaan.
 This form should be typed. Mark (x) in the appropriate box.

** Format Tarikh 99/99/9999
 Date Format DD/MM/YYYY

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 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 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 of RM.....

Dated this day of 20..... 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)

<i>Nama Dalam Tulisan Cina</i>		

Tarikh :
Tandatangan Penaja

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**

<p>LAPORAN PERUBATAN PEMOHON MEDICAL REPORT OF APPLICANT</p>

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