

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)

- 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)**.
- 5. Note: Copy of previous passport is required if applicant has renewed his / her passport in less than one year.
- 6. Five 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

- 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)]

OR

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 month bank statement, proof of employment and 6 month 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 certified copy of all Medical Report test result EACH (separated form for spouse and parent).
- 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/step children).
- 22. Copy of proof of children study in Sarawak (if accompanied by children)
- 23. Copy of show proof of residential properties purchase of at least RM 600,000.00 in Sarawak (for applicant who are 40 years old and above)

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, but must only be endorsed by Sarawak Government Doctors. All medical test result must also be certified by Sarawak Government Doctor.

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 × 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

5. Warganegara
Nationality

hari bulan tahun
day month year

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
Visa Requirement

Ya
Yes

Tidak
No

15. *Jenis Visa
Type of Visa

Sekali Perjalanan
Single Entry

Berulang-kali Perjalanan
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 Ordinance 1959
 (F.M. 12 of 1969)
 Immigration Regulation, 1963
 (P.L.N. 228/63)
PERSONAL BOND
 (Regulation 18)



WHEREAS it is a condition of the issue of a Visit Pass (Temporary Employment) to me /
of that
 (employee) (address)
 there be furnished by me / on behalf of said
 (employee)
 security in the sum of RM as a guarantee that I / the said
 (employee) will comply with the provisions of the
 Ordinance and of any Regulations made thereunder and with any conditions imposed in
 respect of or instructions endorsed on such pass.

Now I NRIC of
 (employer) (address) do
 hereby bind myself that I / the said
 (employee) will comply with the provisions imposed in respect of or instructions endorsed on such
 Visit Pass (Temporary Employment) and in case of my / the said
 (employee) 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

Signature of the above named

.....

Signed and executed by the above named in my presence

Signed of Witness :
 Full name of witness :
 Address of witness :

SAMPLE

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 *Long Term Social Visit... (Dependent)*..... pass to me
..... *applicant* of *country*.....
That there be furnished by me / on behalf of the said *applicant*
security in the sum of RM..... *refer bond rate according to country*..... as a guarantee that I/ the said
..... *applicant* will comply with the provision of the above Act and of any regulations made there
under and with any regulations made there under and with any conditions imposed in respect of or
instructions endorsed on such..... *Long Term Social Visit*..... pass;

NOW, I *Sponsor* NRIC No. *sponsor ID* of *address*.....
..... *address*..... do hereby bind
myself that I/the said *applicant*
will comply with the provisions of the above Act and of any regulations made there under and with any
conditions imposed in respect of or instructions endorse on such..... *Long Term Social Visit*..... pass;
AND in case of my / the said *applicant*..... making default therein,
I hereby bind myself to forfeit to the Government of Malaysia the sum of RM..... *refer bond rate according to*
country

Dated this *day* / day of *month*, 20..... at *Jabatan Imigresen Malaysia Sarawak* in the State of
Sarawak

Signature of the above named

..... *Sponsor signature*

Signed and executed by the above named *Sponsor name*

In my presence

signature of Witness *Sarawakian*

RM10.00 stamp to be affixed here

Full Name of Witness:.....

Address of Witness :.....

GOVERNMENT OF MALAYSIA
Immigration Ordinance, 1959
(F.P.M. 12 of 1969)
Immigration of Malaysia Regulation, 1963
(F.L.W. 228/63)

Stamp
RM10.00
*By the stamping
office in Inland
Revenue Board
of Malaysia*

SECURITY BOND
(Regulations 18)

Where's it is a condition of the issue of a to me / the said
..... of
..... that there furnished by me / on behalf of the
said security in the sum of as
a guarantee that I / the said will comply with the provisions of the above Ordinance and of
any regulations made there under and with any conditions imposed in respect of, or
instructions endorsed on such pass.

Now I, NRIC
..... of
..... do hereby bind myself that I / the said
..... will comply with the provisions of the above Act and of any regulations made
there under and with any special conditions imposed in respect of, or instructions endorsed
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 which I hereby deposited with the Government of Malaysia vide
Receipt No.

Dated this day of at in
the state of

Signature of the abovenamed
.....

Signed and executed by the abovenamed

In my presence

Signature of Witness :

Fullname of Witness :

Address of Witness :

FILE REF :

*Note : The amount chargeable is according to country of origin of the participant : refer to Rate of
Security Bond by country*

SAMPLE

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..... *Long Term Social Visit*..... pass to the
..... *applicant*..... of *country*..... that
there be furnished by me / on behalf of the said *applicant*.....
security in the sum of RM..... *refer bond rate according to country*..... as a guarantee that I/
the said *applicant*..... 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..... *Long Term Social
Visit*..... pass;

NOW, I..... *Sponsor*....., NRIC No..... *sponsorID*..... of
..... *address*..... do hereby bind myself that
I/the said *applicant*..... 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 *Long Term Social
Visit*..... pass;

AND in case of my / the said *applicant*..... making default
therein, I hereby bind myself to forfeit to the Government of Malaysia the sum of RM *refer
bond rate according to country*...

Dated this ... *day* ... day of *month*,20.... at *Jabatan Imigresen Malaysia Sarawak* ... in
the State of Sarawak.

Signature of the above named
..... *Sponsor signature*.....

Signed and executed by the above named *Sponsor name*.....
In my presence

Signature of Witness:.....(Sarawakian)

RM10.00 stamp to be affixed her

Full Name of Witness
Address of Witness :

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: XXXXXXXXXX), 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**

LAPORAN PERUBATAN PEMOHON MEDICAL REPORT OF APPLICANT
--

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