



MINISTRY OF TOURISM MALAYSIA

Malaysia My Second Home Centre

Telephone : + 603 - 2693 7111 Fax : + 603 - 2698 8533

APPLICATION FORM FOR MALAYSIA MY SECOND HOME PROGRAMME

A. GENERAL

Please tick category applied for

50 Years And Above Below 50 Years

Please tick if applicant accompanied by

Spouse Children

Please tick choice of stay

Peninsular Malaysia Sabah Sarawak

Photograph of Applicant Passport Size (coloured)
3

B. PARTICULARS OF APPLICANT

1. Full Name (Capital Letters)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Please tick (√)

Gender Male Female

Ex - Malaysian Malaysian ID Number : _____

3. Marital Status (Please tick)

Single Married Divorced Widow / Widower
 Other Please Specify : _____

4. Place of Birth (Country)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

		/		/				
--	--	---	--	---	--	--	--	--

6. Nationality

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. Passport Number

--	--	--	--	--	--	--	--	--	--

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

		/		/				
--	--	---	--	---	--	--	--	--

If retired :

17. Last Employment

18. Pension Received (Per annum) (If any)

19. Last Employer / Organisation

20. Address of Last Employer / Organisation

21. Working Experience

No	Position	Organisation	Year
1.			
2.			
3.			
4.			
5.			

Applicant's Signature

Date

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

(* Compulsory to be completed by applicant.

C. Declaration by Individual Direct Applicant.

I _____, Passport No _____,
Issued by the Government of _____ agree that :

1. All information given in the application form and the attached supporting documents are genuinely correct and true.
2. I authorize Malaysia My Second Home Centre to verify my financial record with financial institution as listed in items (12) and (13) at Appendix A.
3. Any false information given by applicant / Licensed Company will have the Social Visit Pass issued under this programme cancelled without further notice.

Dated this _____ day of _____ (month) _____ (year) _____
at _____
_____ (address)
in the State of _____.
Country _____.

Date : _____

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 : _____

* For office use only :

Individual

Alone

With wife (Number of wives : people)

With children (Number of children : people)

Note :

* Note :

No fee is charged for individual direct application to participate in MM2H Programme. MM2H centre will not be responsible for any non performance by unauthorised third parties who assist with your application.

Only MM2H agents licensed by the Ministry of Tourism , Malaysia are authorised to submit an application on your behalf. Such agents are listed in the "LICENSING" page of website <http://www.mm2h.gov.my>

11. Jurusan (Jika ada)
Field of Study (if any)

12. Alamat Surat Menyurat
Mailing Address

13. Nombor Telefon
Telephone Number

1)
 2)

Kod Negara <i>Country code</i>	Kod kawasan <i>Area code</i>	Nombor <i>Number</i>
	-	
	-	

TANDATANGAN
Applicant's Signature

TARIKH
Date

NOTA : BORANG INI PERLU DIHANTAR BERSAMA SAMA DENGAN PERMOHONAN PEMOHON .
 NOTE : THIS FORM IS TO BE ATTACHED TO THE APPLICATION SUBMITTED BY THE PRINCIPAL APPLICANT.



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 Ya Tidak
Visa Requirement Yes No

15. *Jenis Visa Sekali Perjalanan Berulangkali 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

LIST OF PAYMENT FOR VISA AND SECURITY BOND

COUNTRY	PAYMENT FOR VISA (RM)	PAYMENT FOR SECURITY BOND (RM)
Afghanistan	20	2000
Albania	20	2000
Algeria	20	2000
Angola	20	1500
Antigua and Bermuda	-	2000
Argentina	20	2700
Armenia	20	2000
Australia	-	1500
Austria (Vienna)	20	1500
Azerbaijan*	20	2000
Bahamas	-	2000
Bahrain	20	2000
Bangladesh	20	750
Barbados	-	2000
Belarus	20	2000
Belgium	20	2100
Belize	-	2000
Benin	20	2000
Bhutan	20	2000
Bolivia	11	2000
Bosnia and Herzegovina	20	2000
Botswana	-	1500
Brazil	17.5	3500
Brunei	-	1500
Bulgaria	21.9	2000
Burkina Faso	20	2000
Burundi	20	2000
Cambodia	20	2000
Cameroon	20	2000
Canada	-	2000
Cape Verde	20	2000
Central African Republic	20	2000
Chad	20	1500
Chile	25	2000
China	30	1500
Colombia	20	2000
Comoros	20	2000
Congo Democratic Republic	20	1500
Costa Rica	9	2000
Cote d'Ivoire	20	2000
Croatia	20	2000
Cuba	20	2000
Cyprus	-	2000
Czech Republic	20	2000
Denmark	20	2100
Djibouti	6	2000
Dominica	20	2000
Ecuador	7	2000
Egypt	20	2000
El Salvador	20	2000

COUNTRY	PAYMENT FOR VISA (RM)	PAYMENT FOR SECURITY BOND (RM)
Equatorial Guinea	20	2000
Eritrea	20	2000
Estonia	20	2000
Ethiopia	20	2000
Fiji	20	2000
Finland	7	2400
France	12.9	2100
Gabon	20	2000
Gambia	-	1500
Georgia	20	2000
Germany	20	1500
Ghana	20	1500
Greece	20	2000
Grenada	-	2000
Guatemala	20	2000
Guinea-Bissau	20	2000
Guinea-Republic	20	2000
Guyana (South America)	-	2000
Haiti	16	2000
Honduras	20	2000
Hong Kong Sar/Bno	20	1000
Hong Kong (C/I or D/I)	20	1000
Hungary	21.5	2000
Iceland*	20	2000
India	50	750
Indonesia	15	500
Iran	20	1500
Iraq	20	1500
Ireland	-	1500
Israel*	9.7	2000
Italy	9.5	2000
Jamaica	-	2000
Japan	GRATIS	1000
Jordan	20	2000
Kazakhstan	20	2000
Kenya	-	1500
Kiribati	-	2000
Kuwait	20	2000
Kyrgyzstan	20	2000
Laos	20	2000
Latvia	20	2000
Lebanon	20	2000
Lesotho	-	2000
Liberia	13	2000
Libya	20	2000
Liechtenstein	20	2000
Lithuania	20	2000
Luxembourg	20	2000
Macao Sar	20	2000
Macao (Travel Permit / Portugal CI)	20	2000
Macedonia	20	2000
Madagascar	20	2000
Malawi	-	2000

COUNTRY	PAYMENT FOR VISA (RM)	PAYMENT FOR SECURITY BOND (RM)
Maldives	-	2000
Mali	20	1500
Malta	-	2000
Mauritania	20	2000
Mauritius	-	2000
Mexico	17.5	2000
Moldova	20	2000
Monaco	20	2000
Mongolia	20	2000
Morocco	20	2000
Mozambique	20	1500
Myanmar Normal PPT	19.5	2000
Myanmar (Diplomatic / Official PPT)	-	2000
Namibia	-	2000
Nauru	-	2000
Nepal	20	750
Netherlands	-	2100
New Zealand	-	1700
Nicaragua	20	2000
Niger	20	1500
Nigeria	20	1500
North Korea	20	1000
Norway	20	2300
Oman	20	2000
Other Countries	20	2000
Pakistan	20	750
Palestine	20	2000
Panama	15	2000
Papua New Guinea	-	2000
Paraguay	20	2000
Peru	20	2000
Philippines	36	750
Poland	26	2000
Portugal	6.5	2000
Qatar	20	2000
Romania	20	2000
Russia	20	2000
Rwanda	20	2000
Samoa	20	2000
San Marino	20	2000
Sao Tome and Principe	20	2000
Saudi Arabia	18	1500
Senegal	20	1500
Serbia	20	2000
Seychelles	-	2000
Sierra Leone	-	1500
Singapore	-	200
Slovakia	20	2000
Slovenia	20	2000
Solomon Islands	-	2000
Somalia	20	2000
South Africa	20	1500
South Korea	30	1000

COUNTRY	PAYMENT FOR VISA (RM)	PAYMENT FOR SECURITY BOND (RM)
Spain	12	2000
Sri Lanka	15	1500
St.Kitts & Nevis	-	750
St. Lucia	-	2000
St. Vincent & The Grenadine	-	2000
Sudan	12.9	1500
Suriname (South America)	20	1500
Swaziland	-	1500
Sweden	20	2300
Switzerland	-	1500
Syria	20	2000
Taiwan	20	1500
Tajikistan	20	2000
Tanzania	-	1600
Thailand	GRATIS	300
Togo	20	2000
Tonga	-	2000
Trinidad and Tobago	-	2000
Tunisia	20	1500
Turkey	20	1800
Turkmenistan	20	2000
Tuvalu	-	1500
Uganda	20	1500
Ukraine	20	2000
United Arab Emirates	20	2000
United Kingdom of Great Britain	-	1500
United Kingdom (Laissez Passer)	20	2000
United States of America	-	2100
Upper Volta	-	2000
Uruguay	20	2000
Uzbekistan	20	2000
Vanuatu	20	2000
Vatican City	20	2000
Venezuela	18	1500
Vietnam	13.8	2000
Western Sahara	20	2000
Western Samoa	-	2000
Yemen	20	2000
Yugoslavia	20	2000
Zaire	20	1500
Zambia	-	1500
Zimbabwe	-	1500

updated 13/3/2009



**MALAYSIA MY SECOND HOME
 PERMISSION UNDER SECTION 99 (1) (a) OF THE
 BANKING AND FINANCIAL INSTITUTIONS ACT, 1989**

WHEREAS on I/we
 Passport no.as the participant(s) of the Malaysia My Second Home
 Programme and being a customer of (the said licensed institution)
 and holding Account no. do hereby give permission under **SECTION 99
 (1)(a) OF THE BANKING AND FINANCIAL INSTITUTIONS ACT, 1989** to the said
 licensed institution to give or disclose to the authorised officer(s) of the Ministry of Tourism
 any information or document relating to my/our affairs or account with the said licensed
 institution, which the Ministry may require.

The permission hereby given is solely for the purpose of my/ours participation in the Malaysia
 My Second Home Programme.

Dated this day of 2009

Signature:

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

Stamp
RM 10.00
By the
stamping office
in Inland
Revenue Board
of Malaysia

SECURITY BOND
(Regulations 18)

Where's it is a condition of the issue of ato me / the
said.....of.....
that there furnished by me / on behalf of the said
..... security in the sum ofas 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 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 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 do hereby deposited with the Government of Malaysia vide
Receipt No

Dated this day of Atin the state of

Signature of the abovenamed

.....

Signed and executed by the abovenamed.....

In my presence.

Signature of Witness :

Full name 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

MEDICAL REPORT FOR MALAYSIA MY SECOND HOME PROGRAMME

PERINGATAN
Reminder

BAHAGIAN I DAN II HENDAKLAH DIISI OLEH PEMOHON YANG BERKENAAN
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
Medical History

- (a) ADAKAH ANDA PERNAH MENGIDAP PENYAKIT-PENYAKIT BERIKUT ?
(Have you ever suffered from the following ailments ?)

	YA <i>Yes</i>	TIDAK <i>No</i>	JIKA YA, BERI ULASAN <i>If yes, give breif details</i>
(i) PENYAKIT OTAK <i>Mental Illness</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(ii) BATUK KERING <i>Tuberculosis</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(iii) GILA BABI <i>Epilepsy</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(iv) LELAH <i>Chronic Asthma</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(v) HEPATITIS A OR B	<input type="checkbox"/>	<input type="checkbox"/>	

		YA <i>Yes</i>	TIDAK <i>No</i>	JIKA YA, BERI ULASAN <i>If yes, give breif details</i>
(vi)	AIDS	<input type="checkbox"/>	<input type="checkbox"/>	
(vii)	KENCING MANIS <i>Diabetes Mellitus</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(viii)	PENYAKIT JANTUNG <i>Heart Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	
(b)	RANSANGAN <i>Senses</i>		BERFUNGSI <i>Functioning</i>	TIDAK BERFUNGSI <i>Not Functioning</i>
(i)	RASA <i>Taste</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii)	BAU <i>Smell</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii)	SENTUHAN <i>Touch</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv)	PENGLIHATAN <i>Vision</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v)	PENDENGARAN <i>Hearing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I _____ , Passport No _____ ,
Issued by the Government of _____ agree that :

1. All information given in the application form and the attached supporting documents are genuinely correct and true.
2. Any false information given by applicant / Licensed Company will have the Social Visit Pass issued under this programme cancelled without further notice.

Dated this _____ day of _____ (month) _____ (year) _____

at _____

_____ (address)

in the State of _____.

Country _____.

Date : _____

Signature of the above named

GUIDELINES FOR DIRECT APPLICATION - MALAYSIA MY SECOND HOME PROGRAMME

Untuk permohonan terus sahaja
Sila tandakan (✓)
For direct application only
Please tick (✓)

Untuk kegunaan
pejabat sahaja
Sila tandakan (✓)
For office use only
Please tick (✓)

- | | | | |
|--------------------------|-----|---|--------------------------|
| <input type="checkbox"/> | 1. | Letter of Application (cover letter); | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. | A copy of resume by the main applicant which include the following information;
* Academic qualification
* working experiences
*skills or expertise acquired | <input type="checkbox"/> |
| <input type="checkbox"/> | 3. | One (1) copy of MM2H Application Form - can be downloaded from MM2H website;
<i>Note: Applicant and all the dependents have to complete the Form individually</i> | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. | Three (3) copies of IM.12 Form (Social Visit Pass);
*One (1) original copy - can be downloaded from MM2H website/obtained at Immigration Department.
* Two (2) Photostat copies

<i>Note : Applicant and all the dependents have to complete the Form individually</i> | <input type="checkbox"/> |
| <input type="checkbox"/> | 5. | Four (4) coloured passport size photographs; | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. | Copy of Passport/Travel documents (all pages) with certification on the pages with personal particulars;

<i>Note : Copy of previous passport is required if applicant/dependent (s) has renew his/her passport within the last 12 months.</i> | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. | Letter of Good Conduct from your relevant government agency ; | <input type="checkbox"/> |
| <input type="checkbox"/> | 8. | Self declaration on your/dependents health conditions – RB II Form can be downloaded from MM2H website; | <input type="checkbox"/> |
| <input type="checkbox"/> | 9. | Certified copy of Marriage Certificate (if accompanied by spouse); | <input type="checkbox"/> |
| <input type="checkbox"/> | 10. | Certified copy of Birth Certificate/legal documents (if accompanied by children/adopted children/step children/parents);
* Letter of Confirmation from Medical Specialist/General Practitioner (if accompanied by disabled children above 21 years old);
* Statutory Declaration by principle applicant to bear all expenses and financial requirements during the stay in Malaysia for dependents; | <input type="checkbox"/> |

GUIDELINES FOR DIRECT APPLICATION - MALAYSIA MY SECOND HOME PROGRAMME

<input type="checkbox"/>	11.	Certified copy (s) of latest 3 months' bank statement /other related financial document (s) to indicate the financial capability to support stay in Malaysia;	<input type="checkbox"/>
<input type="checkbox"/>	12.	Latest 3 months certified copies of pay slip / income statement (If employed)/ pension slip etc;	<input type="checkbox"/>
<input type="checkbox"/>	13.	Authorization letter from applicant to Malaysia My Second Home Centre to verify the financial documents with the relevant financial institutions;	<input type="checkbox"/>

IMPORTANT NOTES:

- All copies must be certified **TRUE COPIES OF ORIGINAL DOCUMENTS** by **EMBASSY /HIGH COMMISSION / SOLICITOR/ JUSTICE OF PEACE / NOTARY PUBLIC / COMMISSIONER FOR OATHS / GOVERNMENT OFFICIAL.**
- Where original documents are not in English, translation must be done by a qualified translator.
- Dependent (s) refer to spouse and children aged below 21 years old (maximum 6 months before reaching 21 years old: i.e 20 years 6 months old) and not married, parent(s) aged 60 years old and above.
- All documents enclosed with the present application become the property of the Malaysia My Second Home Centre.

For Approved participants:

- Each participant and dependent must submit the **Security Bond**. *
- * The Security Bond form must be stamped (RM 10.00) by The Stamping Office in Inland Revenue Board of Malaysia
- * The Security Bond is payable in the form of CASH to the **KETUA PENGARAH IMIGRESEN MALAYSIA**
- * The Bond form can be withdrawn if the participant/dependent decides to exit from the **MM2H Programme**
- * The amount chargeable is according to Country of Origin of the participant; refer to **Rate of Security Bond by Country**