

MALAYSIA MY SECOND HOME (MM2H) PROGRAMME
CHECKLIST FOR DIRECT APPLICATION

For direct application only
Please tick (✓)

For official use
Please tick (✓)

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | <p>1. Letter of Application (cover letter);</p> <ul style="list-style-type: none"> ○ Include information on personal background, intention to join the MM2H Programme, if joining as a single or with family and briefly explain how you will support your stay in Malaysia (financial capabilities) | <input type="checkbox"/> |
| <input type="checkbox"/> | <p>2. A copy of resume by the main applicant (and spouse respectively, if applicable) which includes the following information:</p> <ul style="list-style-type: none"> ○ Academic qualification ○ Working experience ○ Skills or expertise acquired | <input type="checkbox"/> |
| <input type="checkbox"/> | <p>3. One (1) copy of MM2H Application Form (downloadable from MM2H website)</p> <p>Note: Form has to be completed individually for main applicant and all dependents.</p> | <input type="checkbox"/> |
| <input type="checkbox"/> | <p>4. Three (3) copies of IM.12 Form – Social Visit Pass</p> <ul style="list-style-type: none"> ○ One (1) original copy (form is downloadable from MM2H website); and ○ Two (2) photostat copies. <p>Note: Form has to be completed individually for main applicant and all dependents.</p> | <input type="checkbox"/> |
| <input type="checkbox"/> | <p>5. Four (4) coloured passport sized photographs (3.5 x 5.0 cm)</p> | <input type="checkbox"/> |
| <input type="checkbox"/> | <p>6. Copy of Passport/ Travel documents</p> <ul style="list-style-type: none"> ○ One (1) copy with certification on personal particulars page including last entry stamp into Malaysia (and its relevant pass e.g. Student Pass / Employment Pass etc., if applicable) ○ Two (2) copies of personal particulars page | <input type="checkbox"/> |
| <input type="checkbox"/> | <p>7. Letter of Good Conduct from your relevant government agency</p> | <input type="checkbox"/> |
| <input type="checkbox"/> | <p>8. Self-declaration on main applicant's/ dependents health conditions – Form RB I (downloadable from MM2H website)</p> | <input type="checkbox"/> |
| <input type="checkbox"/> | <p>9. Certified copy of Marriage Certificate (if accompanied by spouse)</p> | <input type="checkbox"/> |

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10. Certified copy of Birth Certificate/ legal documents (if accompanied by children/ adopted children/ stepchildren/ parents);
- Letter of Confirmation from Medical Specialist/ General Practitioner (if accompanied by children aged 21 years and above with disabilities).
 - Statutory Declaration by main applicant to bear all expenses and financial requirements during stay in Malaysia for dependents.
 - Legal custody documents (for sole custody) and letter of authorization from other parent (for divorced parents accompanied by children)
11. Certified copies of latest 3 months bank statement/ other related financial document(s) to indicate the financial capability to support stay in Malaysia;
12. Certified copies of latest 3 months payslips and/or government pension (primary source)
- In case of insufficient primary source of income, applicants can support themselves with rental, interest or dividend from investment and et cetera (secondary source).
 - Effective 12 July 2012, all MM2H applications must be supported with 3-month bank statements showing proof of income – primary or secondary source – credited into applicant’s bank account(s).
13. Financial Status Or Account Verification and Job And Salary Verification Authorization Letter; to verify the financial documents as well as job and salary with the relevant parties.
- (downloadable from MM2H website)

IMPORTANT NOTES:

- All copies must be certified **TRUE COPIES OF ORIGINAL DOCUMENTS** by **EMBASSY / HIGH COMMISSION / NOTARY PUBLIC / GOVERNMENT OFFICIAL / AUDITORS / SOLICITOR AND ADVOCATES.**
- Where original documents are not in ENGLISH, translation must be done by a qualified translator and CERTIFIED.
- Dependent(s) refer to:
 - spouse
 - children aged below 21 years (maximum 6 months before reaching 21 years old at time of application) and not married; and
 - parent(s) of main applicant aged 60 years and above.
- Application to include parent(s) as dependents is to be submitted AFTER main applicant’s application has been approved.
- All documents enclosed with the present application become the property of the Malaysia My Second Home (MM2H) Centre and will not be returned.

For APPROVED Participants:

- Security bond is to be submitted for main applicant only
 - However, for dependents added after application has been approved, Personal Bond has to be submitted for each dependent.
- The Security Bond Form must be stamped (RM10.00) by the Stamping Office in Inland Revenue Board of Malaysia
- The Security Bond is payable in the form of Cash or Bank Draft to the KETUA PENGARAH IMIGRESEN MALAYSIA
- The Security Bond Fee 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 applicant/ participant. Please refer to Rate of Security Bond by Country.

NO. DOKUMEN	PK.(O).KPK.MM2H.02 (L10) Pin.1
TARIKH KUATKUASA	11 APRIL 2014
MUKA SURAT	4 daripada 5

FOR INDIVIDUAL DIRECT APPLICANT / SPOUSE v1.2

C. DECLARATION BY INDIVIDUAL DIRECT APPLICATION

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

1. All information given in the application form and the attached supporting documents are genuinely correct and true; and
2. that I hereby authorize the Malaysia My Second Home (MM2H) Centre, under the Ministry of Tourism and Culture Malaysia to verify my financial records with the financial institutions as listed in items (12) and (13) of Appendix A; and
3. that any false information given by me as the main applicant will result in the Social Visit Pass issued to me and my dependents (if applicable) under this Programme cancelled without further notice

Dated this (day) _____ of (date) _____ in the month of _____ of the 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/ MyKad Number : _____

Date : _____

NO. DOKUMEN	PK.(O).KPK.MM2H.02 (L10) Pin.1
TARIKH KUATKUASA	11 APRIL 2014
MUKA SURAT	5 daripada 5

FOR INDIVIDUAL DIRECT APPLICANT / SPOUSE v1.2

*** For office use only:**

Individual

With wife [Number of wives : person(s)]

With children [Number of children : person(s)]

Additional Information :

*** IMPORTANT:**

- Submission of application by third parties for the MM2H Programme is only authorised to MM2H Licensed Agents. A list of registered MM2H licensed agents is available on the "LICENSING" page of the MM2H Centre website at <http://www.mm2h.gov.my>.

NO. DOKUMEN	PK.(O).KPK.MM2H.02 (L11) Pin.1
TARIKH KUATKUASA	11 APRIL 2014
MUKA SURAT	2 daripada 2

FOR CHILDREN BELOW 21 YEARS v1.2

11. Field of Study (if any)

12. Mailing Address

13. Telephone Number

	Country Code	Area Code	Number																	
1)		-																		
2)		-																		

Applicant Signature

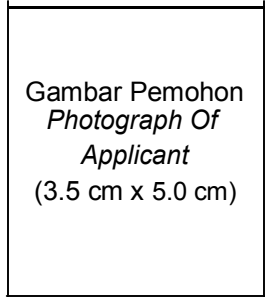
Date

Note: This form is to be submitted together with the main/ principal application.



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

*Jenis Pas <i>Type of Pass</i>	Iktisas <i>Professional</i>	<input type="checkbox"/>	Sosial <i>Social</i>	<input type="checkbox"/>	Berniaga <i>Business</i>	<input type="checkbox"/>	Kerja Sementara <i>Temporary Employment</i>	<input type="checkbox"/>
*Jenis Permohonan <i>Type of Application</i>			Baru <i>New</i>	<input type="checkbox"/>	Lanjutan <i>Extension</i>	<input type="checkbox"/>		



A. MAKLUMAT PEMOHON
 PARTICULARS OF APPLICANT

1. Nama Penuh (Huruf Besar)
Full Name (Capital Letter)

2. *Jantina
Gender

Lelaki Perempuan
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
Visa Requirement

Ya Tidak
Yes No

15. *Jenis Visa
Type of Visa

Sekali Perjalanan Berulang-kali Perjalanan
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

MEDICAL REPORT FOR MALAYSIA MY SECOND HOME PROGRAMME

PERINGATAN

Reminder

BAHAGIAN II 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 CAPITAL LETTERS)
- b) **NAMA LAIN (JIKA ADA) :**
Other Name (if any) (DALAM HURUF BESAR / IN CAPITAL 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 History

a) **ADAKAH ANDA PERNAH MENGHADAPI PENYAKIT BERIKUT?**

Have you every suffered from the following ailments?

- | | YA
<i>Yes</i> | TIDAK
<i>No</i> | JIKA YA, BERI ULASAN
<i>If yes, give brief 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. SAWAN
<i>Epilepsy</i> | <input type="checkbox"/> | <input type="checkbox"/> | |

BORANG RB I
RB I Form

	YA <i>Yes</i>	TIDAK <i>No</i>	JIKA YA, BERI ULASAN <i>if yes, give brief details</i>
iv. LELAH <i>Chronic Asthma</i>	<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 <i>Diabetes Mellitus</i>	<input type="checkbox"/>	<input type="checkbox"/>	
viii. PENYAKIT JANTUNG <i>Heart Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	

b) RANGSANGAN <i>Senses</i>	BERFUNGSI <i>Functioning</i>	TIDAK BERFUNGSI <i>Not Functioning</i>
i. RASA <i>Taste</i>	<input type="checkbox"/>	<input type="checkbox"/>
ii. BAU <i>Smell</i>	<input type="checkbox"/>	<input type="checkbox"/>
iii. SENTUHAN <i>Touch</i>	<input type="checkbox"/>	<input type="checkbox"/>
iv. PENGLIHATAN <i>Vision</i>	<input type="checkbox"/>	<input type="checkbox"/>
v. PENDENGARAN <i>Hearing</i>	<input type="checkbox"/>	<input type="checkbox"/>

NO. DOKUMEN	PK.(O).KPK.MM2H.02 (L13) Pin.1
TARIKH KUATKUASA	11 APRIL 2014
MUKA SURAT	3 daripada 3

BORANG RB I
RB I Form

DECLARATION BY APPLICANT

I, Passport No.,
issued by the Government of agree that:

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

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

Date:

Signature of the above named

.....

Director

Malaysia My Second Home Centre
Level 1, No 2, Tower 1,
Jalan P5/6, Precinct 5,
62200 Putrajaya,
MALAYSIA.

NO. DOKUMEN	PK.(O).KPK.MM2H.02 (L15) Pin.1
TARIKH KUATKUASA	11 APRIL 2014
MUKA SURAT	1 daripada 2



Date:

FINANCIAL STATUS OR ACCOUNT VERIFICATION AUTHORIZATION LETTER

I /we _____ Passport Number _____ hereby attached the financial statements for purpose of participation in Malaysia My Second Home Programme as follows:

1. Account No _____ from _____
(the said financial institution and branch)
2. Account No _____ from _____
(the said financial institution and branch)
3. Account No _____ from _____
(the said financial institution and branch)
4. Account No _____ from _____
(the said financial institution and branch)
5. Account No _____ from _____
(the said financial institution and branch)

I /we hereby give permission/consent to the authorised officer(s) from Malaysia My Second Home Centre, Ministry of Tourism and Culture Malaysia to verify my/our financial status or account with the said financial institution (s).

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

Signature,

Name:

Address:

Telephone Number:

Director

Malaysia My Second Home Centre
Level 1, No 2, Tower 1,
Jalan P5/6, Precinct 5,
62200 Putrajaya,
MALAYSIA.

NO. DOKUMEN	PK.(O).KPK.MM2H.02 (L15) Pin.1
TARIKH KUATKUASA	11 APRIL 2014
MUKA SURAT	2 daripada 2



Date:

JOB AND SALARY VERIFICATION AUTHORIZATION LETTER

I/We _____ Passport Number _____ hereby give permission/consent to the authorized officer(s) from Malaysia My Second Home Centre (MM2H), Ministry of Tourism and Culture Malaysia to verify my/our job and salary status with the organization that I have declared to MM2H Centre.

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

I/We declare that all information provided is to be true in every particular. Should I/we give false, inaccurate and wrong information, I am/we are subject to any legal action determined by the MM2H and I/we understand that my/our application will not be considered and will be rejected.

Signature,

Name:

Address:

Telephone Number:

**Information will be kept private and confidential by MM2H Centre.*