

**MALAYSIA MY SECOND HOME (MM2H) PROGRAMME**  
**CHECKLIST FOR RENEWAL**

For agent/applicant use only  
Please tick (✓)

For official use  
Please tick (✓)

<input type="checkbox"/>	1. Letter of Intent (Principal)	<input type="checkbox"/>
<input type="checkbox"/>	2. Cover Letter by the MM2H Licensed Agent (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	3. Original and copy of Participant's Passport	<input type="checkbox"/>
<input type="checkbox"/>	4. Copy of Conditional Approval Letter	<input type="checkbox"/>
<input type="checkbox"/>	5. Proof of latest 3 months Government Pension of RM10,000 and above <i>(if approved on Government Pension)</i>	<input type="checkbox"/>
<input type="checkbox"/>	6. Original and copy of Fixed Deposit <i>(if approved on Fixed Deposit)</i>	<input type="checkbox"/>
<input type="checkbox"/>	7. Original and copy of Confirmation Letter by the Bank <i>(if approved on Fixed Deposit)</i>	<input type="checkbox"/>
<input type="checkbox"/>	8. <u>Form IMM.12</u> (must be completed)	<input type="checkbox"/>
<input type="checkbox"/>	9. <u>Form IMM.55</u> (must be completed)	<input type="checkbox"/>
<input type="checkbox"/>	10. Original and copy of Medical Insurance	<input type="checkbox"/>
<input type="checkbox"/>	11. Original <u>Medical Report Form RBII</u> (must be completed)	<input type="checkbox"/>



**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  
*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*

	<b>BILANGAN :</b> <b>REFERENCE :</b>
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**PERMOHONAN LANJUTAN PAS LAWATAN**  
**APPLICATION FOR EXTENSION OF VISIT PASS**

( Isi dalam dua salinan/Complete in duplicate )

1. Nama Penuh  
*Full Name* .....

( Dalam huruf besar/In block letters )

2. Nama-nama lain (kalau ada)  
*Other names (if any)* .....

( Dalam huruf besar/In block letters )

3. Jantina <i>Sex</i> .....	4. Tarikh Lahir <i>Date of birth</i> .....	5. Tempat Lahir <i>Place of birth</i> .....
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6. No. Kad Pengenalan Malaysia (kalau ada)      No. Kad Pengenalan Singapura (kalau ada)  
*Malaysian Identity Card No. (If any)*      *Singapore Identity Card No. (If any)*

.....

7. Alamat penuh di Malaysia  
*Full address in Malaysia* .....

8. BUTIR-BUTIR SURAT PERJALANAN YANG DIMILIKI:

- a) \*Pasport Biasa/Pasport Terhad/Sijil Kecemasan/Sijil Pengenalan Terhad/Affidavit Mengganti Pasport.  
b) Nombor Surat Perjalanan.....(c) Berlaku sehingga .....

d) Negeri dikeluarkan.....(e) Rupabangsa/Kerakyatan.....

**PARTYULARS OF TRAVEL DOCUMENT HELD:**

a) \*Ordinary Passport/Restricted Passport/Emergency Certificate/Certificate of Identity/Restricted Certificate of Identity/Affidavit in

b) No. of Travel Document ..... (c) Valid until .....

d) Country of issue ..... (e) Nationality/Citizenship.....

9. Kalau Visa diberi sebelum tiba, sebutkan:  
a) Nombor Bilangan.....  
b) Tempat dikeluarkan.....(c) Tarikh dikeluarkan.....

*If Visa granted before arrival, state::*

a) Reference No.....

b) Place Of Issue.....(c) Date of Issue.....

10. Tarikh Masuk Sekarang  
*Date of present entry*  
.....

11. Cara Masuk: Dengan \*Kapal/Kapalterbang/Jalanraya/Keretapi.  
Method of entry: By \*Ship/Aircraft/Road/Rail.

12. Pas sekarang berlaku sehingga tarikh  
*Date up to which current pass is valid*.....

13. Masa lanjutan diminta  
*Period of extension sought*.....

\* Potong mana-mana yang tidak dikehendaki.  
Delete whichever is not applicable.

14. Sebab-sebab meminta lanjutan  
Reasons for seeking extension.....
15. Tarikh  
Date .....
16. Tandatangan pemohon  
Signature of applicant

\* Potong mana-mana yang tidak dikehendaki.  
*Delete whichever is not applicable.*

**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 CAPITAL LETTERS)
- b) **NAMA LAIN (JIKA ADA) :** .....  
*Other Name (if any)* (DALAM HURUF BESAR / IN CAPITAL LETTERS)
- c) **JANTINA :** .....  
*Gender:*
- d) **NOMBOR PASPORT :** .....  
*PassportNumber:*
- 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?*

	<b>YA</b>	<b>TIDAK</b>	<b>JIKA YA, BERI ULASAN</b>
	<i>Yes</i>	<i>No</i>	<i>if yes, give brief details</i>
i. <b>PENYAKIT OTAK</b> <i>Mental Illness</i>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. <b>BATUK KERING</b> <i>Tuberculosis</i>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. <b>SAWAN</b> <i>Epilepsy</i>	<input type="checkbox"/>	<input type="checkbox"/>	

**BORANG RB II**

**RB II Form**

	<b>YA</b> Yes	<b>TIDAK</b> No	<b>JIKA YA, BERI ULASAN</b> if yes, give brief details
iv. <b>LELAH</b> <i>Chronic Asthma</i>	<input type="checkbox"/>	<input type="checkbox"/>	
v. <b>HEPATITIS A / B</b>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. <b>AIDS</b>	<input type="checkbox"/>	<input type="checkbox"/>	
vii. <b>KENCING MANIS</b> <i>Diabetes Mellitus</i>	<input type="checkbox"/>	<input type="checkbox"/>	
viii. <b>PENYAKIT JANTUNG</b> <i>Heart Disease</i>	<input type="checkbox"/>	<input type="checkbox"/>	

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



NO. DOKUMEN	PK.(O).KPK.PSA.02 (L14) Pin.1
TARIKH KUATKUASA	11 APRIL 2014
MUKA SURAT	3daripada3

**BORANG RB II**  
**RB II Form**

**3. BAHAGIAN III : PENGESAHAN DOKTOR**

*Part III: Certification by Doctor*

**TO BE COMPLETED BY A REGISTERED DOCTOR**

I have this day examined .....

Passport No. .... and certify that:

- i. He/ She is not suffering from any disease and is healthy.
  
- ii. He/ She is not very healthy but is not suffering from any contagious or infectious disease.
  
- iii. He / She is not healthy and is suffering from contagious or infectious disease which makes his/ her presence dangerous to the community.
  
- iv. He / She is not healthy and unfit for long distance travel, and chances of recovery is very slim.

Signature and  
Name of Doctor: .....

Position Held: .....

Official Seal:

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