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| APPLICATION FOR ESTABLISHMENT OF  REPRESENTATIVE OFFICE (RE) / REGIONAL OFFICE (RO)  AND/OR EXPATRIATE POSTS | | |
|  | | |
| Type of application (Please tick (✓) where relevant): | | |
|  | (a) Representative Office |  |
|  | or |  |
|  | (b) Regional Office |  |
|  | and/or |  |
|  | (c) Expatriate Posts |  |

**A. PARTICULARS OF AGENT (IF THE APPLICATION IS MADE THROUGH LOCAL CONSULTANT)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Name of consultant: | | | |
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|  |  | | | |
| 2. | Address of consultant: | | | |
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|  |  | | | |
|  | Contact person: |  | Designation: |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Telephone no.: |  | Fax no.: |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | E-mail: |  | Website: |  |
|  |  |  |  |  |

**B. PARTICULARS OF COMPANY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | (a) Name of company: | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | |  | |
|  |  |  | | | | | | | | | | | | | | | | | | |
|  |  | Date of incorporation: | | | |  | | | Country of incorporation: | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | |  | |
|  | (b) Address: | | | | | | | | | | | | | | | | | | | |
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|  |  | Contact person: | | | | | | | | | Designation: | | | | | | | |  | |
|  |  |  | | | | |  | | | |  | | | | | | | |  | |
|  |  | | | | | |  | | | | | | | | | | | | | |
|  | Telephone no.: | | | | |  | | | | Fax no.: | | | | | | | |  | |
|  |  |  | | | | |  | | | |  | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  |  | E-mail: | | | | |  | | | | | Website: | | | | | | |  | |
|  |  |  | | | | |  | | | | |  | | | | | | |  | |
| 2. | (a) | Activities of company : | | | | | | | | | | | | | | | | | | |
|  |  | Manufacturing | | |  | | | | | Tourism | | | | | | | | |  | |
|  |  | Trading | | |  | | | | | Education | | | | | | | | |  | |
|  |  | Services (Please specify): | | |  | | | | | Others (Please specify): | | | | | | | | |  | |
|  |  |  |  | | | | | | |  | | | | | | |  | | | |
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|  | (b) | Background of company: | | | | | | | | | | | | | | | | | | |
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| 3. | Incentives approved by other government agencies (if any):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| 4. | Sales turnover and paid-up capital of parent company for the past 2 years: | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  |  | |  | Year: | | | |  | | | | |  |  |  | Year: | |  | |  |
|  | (i) | Sales turnover (RM): |  | | | | | | | | | | |  |  | | | | | |
|  | (ii) | Paid-up capital (RM): |  | | | | | | | | | | |  |  | | | | | |

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| 5. | Does the company have any agents/affiliates/subsidiaries/branches conducting business in Malaysia, Southeast Asia or Asia Pacific region? | | | | | | | |
|  |  | | Yes |  | No | | | |
|  |  | | | | | | | |
|  | If yes, please furnish the following : | | | | | | | |
|  |  | | | | | | | |
|  | (a) | Name: | | | | | | |
|  |  |  | | | | | |  |
|  |  |  | | | | | | |
|  | (b) | Address: | | | | | | |
|  |  |  | | | | | |  |
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|  | (c) | Provide details on company activities: | | | | | | |
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|  |  |  | | | | | | |
|  | (d) | Percentage of applicant’s equity in the agents/affiliates/subsidiaries/branches: | | | |  | % | |
|  |  | | | | | | | |
| 6. | If the business is currently conducted through an agent, give reasons why the current agent/distributor is unable to undertake the Representative Office/Regional Office activities proposed: | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
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| 7. | If the company does not have any local agent/distributor in Malaysia, state the reasons why it is unable to appoint suitable agents: | | | | | | | |
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**C. PARTICULARS OF PROPOSED REPRESENTATIVE OFFICE/REGIONAL OFFICE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | (a) Name of the Representative Office/Regional Office: | | | | | | | | |
|  |  |  | | | | | | |  |
|  |  |  | | | | | | | |
|  | (b) Proposed address: | | | | | | | | |
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|  |  | | | | | | | |  |
|  |  | Contact person: | | | | | Designation: | |  |
|  |  |  | | |  | |  | |  |
|  |  | | | |  | | | | |
|  | Telephone no.: | | |  | | Fax no.: | |  |
|  |  |  | | |  | |  | |  |
|  |  | | | | | | | | |
|  |  | E-mail: | | |  | | | Website: |  |
|  |  |  | | |  | | |  |  |
|  |  | | | | | | | | |
| 2. | Is the proposed office sharing premises with existing agents/affiliates/ subsidiaries/branches? | | | | | | | | |
|  |  | | Yes |  | | No | | | |
|  |  | | | | | | | | |
|  | If yes, please furnish the following: | | | | | | | | |
|  | (a) | Name of company: | | | | | | | |
|  |  |  | | | | | | |  |
|  |  |  | | | | | | |  |
|  | (b) | Address: | | | | | | | |
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| 3. | Purpose of establishment: | | |
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| 4. | | Activities of proposed office. (Explain the nature of goods/services offered, research to be done or project to be implemented): | |
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| 5. | | Please indicate the benefits to Malaysia from the establishment of Representative Office/ Regional Office | |
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| 6. | | Source of funds to finance activities of proposed office/branch: | |
|  | |  | Parent company |
|  | |  | Company operation in Malaysia |
|  | |  | Company operation in Southeast Asia and Asia Pacific region |
|  | |  |  |

|  |  |
| --- | --- |
| 7. | Manpower\* |

Please fill in where relevant

Please note that the information is required to enable the government to undertake the appropriate manpower planning to meet the specific manpower needs of companies proposing to establish projects in Malaysia.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Category | | Full-time employment | | | | | | |
| Malaysian | | | Foreign national | | | Total |
| Degree | Diploma/ Certificate | Others | Degree | Diploma/ Certificate | Others |
|  | **Management** |  |  |  |  |  |  |  |
|  | **Technical** |  |  |  |  |  |  |  |
|  | **Supervisory** |  |  |  |  |  |  |  |
|  | **Clerical / General staff** |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |  |  |  |

1. Percentage of science and technical staff having degrees or diplomas with a minimum of 5 years experience (of the total workforce)

**:**

\_\_\_\_\_\_ %

**:**

\_\_\_\_\_\_

2. Number of Staff with Post Graduate (ie. Masters/PhD etc) qualifications

3. In addition to the full-time employees as mentioned in the above tables, please provide the number of workers which are outsourced (not under the company’s payroll)

3. If the company plans to **outsource** its production/ activities :

1. what is the estimated percentage from the total production/activities ……… %
2. the percentage of outsourced staff from company’s total employees ……… %

**:**

\_\_\_\_\_\_

|  |  |
| --- | --- |
|  |  |
| 8. | Employment by income: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Category | | Number of Persons Employed by Average Monthly Salary\* (RM) | | | | | | | |
| <3,000 | | 3,000-<5,000 | | 5,000-<10,000 | | 10,000 and above | |
| Malaysian | Foreign National | Malaysian | Foreign National | Malaysian | Foreign National | Malaysian | Foreign National |
|  | **Management** |  |  |  |  |  |  |  |  |
|  | **Technical** |  |  |  |  |  |  |  |  |
|  | **Supervisory** |  |  |  |  |  |  |  |  |
|  | **Clerical / General staff** |  |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |  |  |  |  |

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| --- | --- |
| 9. | Estimated expenditure for two years of the proposed office: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Year 1 ( |  | ) | Year 2 ( |  | ) |
|  | | | | | RM | |  | RM | |  |
| 1. Office rental | | | | |  | |  |  | |  |
|  | | | | |  | |  | |  |
| 1. Office equipment/furniture/ renovation/stationery | | | | |  | |  |  | |  |
|  | | | | |  | |  | |  |
| 1. Telephone/fax | | | | |  | |  |  | |  |
|  | | | | |  | |  | |  |
| 1. Electricity/water/etc. | | | | |  | |  |  | |  |
|  | | | | |  | |  | |  |
| 1. Salary and E.P.F: | | | | |  | |  |  | |  |
| * 1. Expatriates | | | | |  | |  |  | |  |
| (Number: | |  | ) | |  | |  | |  |
|  | | | | |  | |  |  | |  |
| * 1. Local staff | | | | |  | |  |  | |  |
| (Number: | |  | ) | |  | |  | |  |
|  | | | | |  | |  |  | |  |
| * 1. Traveling (local and overseas) | | | | |  | |  |  | |  |
|  | | | | |  | |  |  | |  |
| 1. Others (Please indicate): | | | | |  | |  |  | |  |
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| **Total** | | | | |  | |  |  | |  |

**D. EXPATRIATE POSTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Details of expatriate posts applied for\*: | | | | |
|  |  | | | | |
| Name | | Proposed designation | Date of birth | Passport no. | Proposed minimum salary per month\*\* (RM) |
|  | |  |  |  |  |
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Note:

\* For each expatriate post applied for, please provide details as in Appendix I

\*\* Minimum expatriate salary to be RM 5,000.00 per month

**E. DECLARATION**

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| --- | --- | --- | --- |
| I , |  | , the Managing Director of | |
|  | | |  |

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| --- | --- |
| (i) | hereby declare that to the best of my knowledge, the particulars furnished in this application are true. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (ii)\* | have engaged/is planning to engage the services of the following consultant for my application : | | | | |
|  |  | | | | |
|  |  | Company Name | : |  |  |
|  |  | Address | : |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | Contact Person | : |  |  |
|  |  | Designation | : |  |  |
|  |  | Telephone no. | : |  |  |
|  |  | Fax no. | : |  |  |
|  |  | E-mail | : |  |  |
|  |  |  |  |  |  |
|  |  | |  |  | |
|  | I take full responsibility for all information submitted by the consultant(s). | | | | |

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|  |  | Date |  | (Signature) |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | | (Company’s Stamp or Seal) |
|  | \*Please complete this section if the company has engaged/is planning to engage the services of consultant(s) to act on behalf of the company. Please provide information on a separate sheet of paper if space is insufficient | | | |

**DETAILS OF EXPATRIATE POST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of expatriate: |  | | |
|  |  |  | | |
|  | Proposed designation: |  | | |
|  |  | | | |
|  | Academic qualification: | | | |
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|  |  | | | |
|  |  | | | |
|  | Job description: | | | |
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|  | Justification for application: | | | |
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|  |  | | | |
|  |  | | | |
|  | Work experience: | | | |
| Designation | | Company name and address | Duration |
|  | |  |  |
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