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| **APPLICATION FOR EXTENSION 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: |  |
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|  |  |  |  |  |
|  | Telephone no.: |  | Fax no.: |  |
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|  |  |  |  |  |
|  | E-mail: |  | Website: |  |
|  |  |  |  |  |

**B. PARTICULARS OF REPRESENTATIVE OFFICE/REGIONAL OFFICE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. | | (a) | | Name: | | | | | | | | | | | | | | | | | | | |
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|  | | (b) | | MIDA Ref. No. | | | | | | | | | | | | | | | |  | | | |
|  | |  | |  | | | | | | | | | | | | | | | |  | | | |
|  | | (b) Correspondence address: | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | Contact person: | | | | | | | | | Designation: | | | | | | | |  | | | |
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|  | |  | | | | | | | |  | | | | | | | | | | | | | |
|  | Telephone no.: | | | | | | |  | | Fax no.: | | | | | | | |  | | | |
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|  | |  | E-mail: | | | | | | |  | | Website: | | | | | | |  | | | | |
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| 2. | | Number of years Representative Office / Regional Office has been established :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ years. | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |
| 3. | | Details of previous approval and extensions | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | MITI/MIDA  reference no. | | | | | Date of approval/  extensions | | | Duration approved/  extended | | | | | | |
|  | | (a) Initial approval | | | | | | |  | | | | |  | | |  | | | | | | |
|  | | (b) First extension | | | | | | |  | | | | |  | | |  | | | | | | |
|  | | (c) Second extension | | | | | | |  | | | | |  | | |  | | | | | | |
|  | | (d) Subsequent extensions: | | | | | | |  | | | | |  | | |  | | | | | | |
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| (i) | | |  |  | | |  | | | | |  | | |  | | | | | | |
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| (ii) | | |  |  | | |  | | | | |  | | |  | | | | | | |
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| (iii) | | |  |  | | |  | | | | |  | | |  | | | | | | |
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| 4. | | Incentives approved by other government agencies (if any): | | | | | | | | | | | | | | | | | | | | | |
| 5. | | Sales turnover and paid-up capital of parent company for the past 2 years: | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | | |  | Year: | | |  | |  |  |  | Year: | |  | | |  | | | |
|  | | (i) | | Sales turnover (RM): | | |  | | | | | | |  |  | | | | | | | | |
|  | | (ii) | | Paid-up capital (RM): | | |  | | | | | | |  |  | | | | | | | | |
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| 6. | | Activities/projects/investments undertaken to date: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | (i) | |  | | | | | | | | | | | | | | | | | | |
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| 7. | | Reasons for extension of Representative Office/Regional Office: | | | | | | | | | | | | | | | | | | | |
|  | | (i) | |  | | | | | | | | | | | | | | | | | | |
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| 8. | List of subsidiaries/affiliates/agents whose activities will be coordinated by the Representative Office/Regional Office: | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Company name  and address | | | | | | | Activities to be  coordinated | | | | | | | | | % of equity held | | | | | | |
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| 9. | 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 ……… %

**:**

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| 10. | Employment by income: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 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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| 11. | Expenditure: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Actual expenditure incurred in the past 2 years | | | | | | |  | Estimated expenditure for the next 2 years | | | | | | |
|  | | | | | Year 1 | | |  | Year 2 | | |  | Year 1 | | |  | Year 2 | | |
|  | | | | | ( |  | ) |  | ( |  | ) |  | ( |  | ) |  | ( |  | ) |
|  | | | | |  | | |  |  | | |  |  | | |  |  | | |
|  | | | | | RM | | |  | RM | | |  | RM | | |  | RM | | |
| 1. Office rental | | | | |  | | |  |  | | |  |  | | |  |  | | |
|  | | | | |  | | |  | | |  |  | | |  |  | | |
| 1. Office equipment/furniture/ renovation/stationery | | | | |  | | |  |  | | |  |  | | |  |  | | |
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| 1. Telephone/fax | | | | |  | | |  |  | | |  |  | | |  |  | | |
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| 1. Electricity/water/etc. | | | | |  | | |  |  | | |  |  | | |  |  | | |
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| 1. Salary and E.P.F: | | | | |  | | |  |  | | |  |  | | |  |  | | |
| * 1. Expatriates | | | | |  | | |  |  | | |  |  | | |  |  | | |
| (Number: | |  | ) | |  | | |  | | |  |  | | |  |  | | |
|  | | | | |  | | |  |  | | |  |  | | |  |  | | |
| * 1. Local staff | | | | |  | | |  |  | | |  |  | | |  |  | | |
| (Number: | |  | ) | |  | | |  | | |  |  | | |  |  | | |
|  | | | | |  | | |  |  | | |  |  | | |  |  | | |
| * 1. Traveling (local and overseas) | | | | |  | | |  |  | | |  |  | | |  |  | | |
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| 1. Others (Please indicate): | | | | |  | | |  |  | | |  |  | | |  |  | | |
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| **Total** | | | | |  | | |  |  | | |  |  | | |  |  | | |

**C. EXPATRIATE POSTS**

Please complete this section if the applicant is applying for additional/extension/ replacement of expatriate posts.

1. Details of additional/extension/replacement of expatriate posts\*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | | | |
|  | Name | Designation | Type\*\* | 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

\*\* Type of application:

A – Additional

E – Extension

R – Replacement

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

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2. Details of existing posts approved

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|  |  | |  | | | | |
|  | Name | Designation | | Date of birth | Passport no. | Expiry date of post | Basic salary paid (RM) |
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**D. 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**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of expatriate post (Tick (✓) where applicable): | | | | | | | | | | | |
|  | | Additional | |  | | | Extension | |  | Replacement | |
| If replacement, please furnish the expatriate post to be replaced: | | | | | | | | | | | |
| Name | | | | | Passport No. | | | Designation | | | |
|  | | | | |  | | |  | | | |
|  | Name: | |  | | | | | | | | |
|  |  | |  | | | | | | | | |
|  | 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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