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| **APPLICATION FOR ADDITIONAL / REPLACEMENT**  **OF EXPATRIATE POSTS FOR**  **REPRESENTATIVE OFFICE (RE) / REGIONAL OFFICE (RO)** | | |
|  | | |
| **Type of application (Please tick (✓) where relevant):** | | |
|  | (a) Additional Expatriate Posts |  |
|  | and/or |  |
|  | (b) Replacement of Expatriates |  |

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

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | (a) | Name of company: | | | | | |
|  |  |  | | | | |  |
|  |  |  | | | | |  |
|  | (b) | MIDA reference number: | | | | | |
|  |  |  | | | | |  |
|  | (c) 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. | Incentives approved by other government agencies (if any): | | | | | | |
|  |  | | | | | | |

**C. EMPLOYMENT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 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** |  |  |  |  |  |  |  |  |

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 ……… %

**:**

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

**D. EXPATRIATE POSTS**

Please complete this section if the applicant is applying for 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

R – Replacement

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

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2. Details of existing posts approved

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | | | | |
|  | Name | Designation | | Date of birth | Passport no. | Expiry date of post | Basic salary paid (RM) |
|  |  |  | |  |  |  |  |
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**E. EXPENDITURE (Applicable To Application for Additional Expatriate Post Only)**

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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 | | | | |  | | |  |  | | |  |  | | |  |  | | |
|  | | | | |  | | |  | | |  |  | | |  |  | | |
| 1. Telephone/fax | | | | |  | | |  |  | | |  |  | | |  |  | | |
|  | | | | |  | | |  | | |  |  | | |  |  | | |
| 1. Electricity/water/etc. | | | | |  | | |  |  | | |  |  | | |  |  | | |
|  | | | | |  | | |  | | |  |  | | |  |  | | |
| 1. Salary and E.P.F: | | | | |  | | |  |  | | |  |  | | |  |  | | |
| * 1. Expatriates | | | | |  | | |  |  | | |  |  | | |  |  | | |
| (Number: | |  | ) | |  | | |  | | |  |  | | |  |  | | |
|  | | | | |  | | |  |  | | |  |  | | |  |  | | |
| * 1. Local staff | | | | |  | | |  |  | | |  |  | | |  |  | | |
| (Number: | |  | ) | |  | | |  | | |  |  | | |  |  | | |
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| * 1. Traveling (local and overseas) | | | | |  | | |  |  | | |  |  | | |  |  | | |
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| 1. Others (Please indicate): | | | | |  | | |  |  | | |  |  | | |  |  | | |
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| **Total** | | | | |  | | |  |  | | |  |  | | |  |  | | |

**F. DECLARATION**

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

|  |  |
| --- | --- |
| (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) |
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|  |  |  | | (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 | |  | | | 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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