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| **APPLICATION FOR REPLACEMENT** **OF EXPATRIATE POSTS FOR****REPRESENTATIVE OFFICE (RE) / REGIONAL OFFICE (RO)****(08.04.2021)** |
|  |

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

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

1. Details of replacement of expatriate posts

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Name | Designation | Type | Date of birth | Passport no. | Proposed minimum salary per month\*(RM) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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 Note: \*Minimum expatriate salary to be RM 5,000.00 per month

2. Details of existing posts of expatriate 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)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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: |  | ) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| * 1. Traveling (local and overseas)
 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 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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| --- | --- |
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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**

|  |
| --- |
| Please furnish the expatriate post to be replaced: |
| Name | Passport No. | Designation |
|  |  |  |
|  | Name: |  |
|  |  |  |
|  | Designation: |  |
|  |  |
|  | Academic qualification:  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Job description: |
|  |  |
|  |  |
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|  | Justification for application: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Work experience: |
| Designation | Company name and address | Duration |
|  |  |  |
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