



REGISTRATION OF MALAYSIAN CITIZEN

Consulate General of Malaysia
 New York
 313 East 43rd Street
 New York, NY 10017
 Tel: (212) 490-2722 / 2723
 Fax: (212) 490-2049
 Email: malnycg@kln.gov.my

- Malaysian nationals residing overseas are required to register as soon as possible with the nearest Embassy or Consulate General of Malaysia.
- Kindly complete this form in full where necessary and attach a passport size photo. Please return it to the nearest Embassy or Malaysian Consulate.

A. PERSONAL PARTICULARS				Latest Photograph						
Name :										
Other Name :		Sex :								
New Identity Card No. :		Date of Birth :								
Old Identity Card No. :		Place of Birth :								
Colour of Identity Card :		Religion :	Nationality :							
Passport	Passport No. : Date of Issue : Place of Issue : Expiry Date :	Birth Certificate (if available)	Birth Certificate No. : Place of Issue : Date of Issue :							
Other Citizenship Documents (Example – Citizenship Certificate if any) :										
Marital Status :										
B. FAMILY PARTICULARS										
Name Spouse :		Nationality of Spouse :		No. of Children :						
Children Particulars : <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: center;"><u>Name of Child</u></th> <th style="text-align: center;"><u>Date of Birth</u></th> <th style="text-align: center;"><u>Place of Birth</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					<u>Name of Child</u>	<u>Date of Birth</u>	<u>Place of Birth</u>			
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C. PARTICULARS IN CURRENT COUNTRY :										
Address :										
Telephone No. :		E-Mail Address (if any) :								
Date of Arrival :		Current Visa Status :								
If Residing in Current Country, State Purpose of Residence :		Expected Duration of Residence :								
Name, Address and Telephone of Contact Person (s) : (In Case of Emergency) :										

D. PARTICULARS IN MALAYSIA

Address :

Telephone No. :

Name, Address and Telephone of Contact Person (s) :
(In Case of Emergency)

E. PURPOSE TO CURRENT COUNTRY : (please tick \checkmark in boxes and fill in particulars where applicable)
(* delete where not applicable)

Visit less than six (6) months

Student : Sponsor :

: Institution :

: Address :

: Course :

: Level of Study :

: Duration of Course :

: Expected Date of Completion :

: Previous Academic Institution in Malaysia :

Employment : Occupation :

: Employer :

: Address of Employer :

: Validity of Work Permit :

Accompanying Spouse / Parents / Guardian Working / Studying *

Married To Local Citizen

Permanent Resident in Current Country, Date of PR Granted :
Citizenship Certificate : Yes / No *

Others (please specify) :

Date :

Signature :

F. FOR OFFICIAL USE ONLY

Registration Serial No. :

Date Form Received :

Mode of Registration : Register in Person at Embassy or Consulate / Post / Fax / Telephone / E-mail *

Name of Office in Charge :