



Consulate General of Malaysia
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REGISTRATION FORM FOR MALAYSIAN CITIZENS IN U.S.A.

Registration Number: (For Office Use Only)					
Last Name:	First Name:	Middle Name:			
Other Name:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Date of Birth: <small>(DD/MM/YY)</small>	Place of Birth: <small>(State if born in Malaysia, Country outside of Malaysia)</small>				
Father's Name:		Mother's Name:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other: _____			Spouse Name:		
Present Address:			Spouse Nationality:		
			Home Tel:		
Business/Work Name & Address:			Email:		
			Work Tel:		Profession/Occupation:
Permanent Address in Malaysia:					
Malaysian Passport No:		Place of Issue:		Date of Issue: <small>(DD/MM/YY)</small>	
Malaysian Identity Card No:			Date and Entry Point of Last Arrival in United States:		
Last Visit to Malaysia:			Current Visa Status:		
Emergency Contact in Malaysia Name:			Telephone No.:		
For Enrolled Students Only					
Name of Institution:			Address of Institution:		
Degree Type:		Study Duration:		Major Subject(s):	
Expected Date of Completion:				Award/Scholarship:	
Please date and sign completed form.					
Date:			Signature:		