

NO:/.....

**REGISTRATION OF MALAYSIAN
RESIDING IN THE PROVINCES OF SHAANXI, GANSU AND NINGXIA HUI AUTONOMOUS REGION**

Please tick the applicable /Please attach copy of your name card, passport & IC (if available)

NAME			PASSPORT NO./ IC NO.	
OCCUPATION				
NAME OF FAMILY MEMBER STAYING WITH YOU	NAME	RELATION	PASSPORT NO. /IC NO. /BIRTH CERT. NO.	
ADDRESS IN CHINA	ADDRESS		TELEPHONE NUMBER & EMAIL	
	ADDRESS (IN MANDARIN) :			
CURRENT ADDRESS IN MALAYSIA				
PURPOSE OF STAY	1) EMPLOYMENT 2) BUSINESS 3) STUDY 4) LEISURE 5) OTHERS (Please specify)			
DATE & LENGTH OF STAY	DATE OF ARRIVAL		EXPECTED LENGTH OF STAY	
			<input type="text"/> YEAR	<input type="text"/>
EMERGENCY CONTACT IN MALAYSIA	NAME OF CONTACT	ADDRESS	TELEPHONE NUMBER & EMAIL	

DATE OF REGISTRATION:

SIGNATURE:

FOR CONSULATE GENERAL OF MALAYSIA USE ONLY		
NAME OF REGISTERING OFFICER		
NAME OF REVIEWING OFFICER	DATE OF REVIEW	REMARKS