

**REGISTRATION OF MALAYSIAN CITIZENS OVERSEAS  
COUNTRY : CANADA**

* Malaysia nationals residing overseas are required to register as soon as possible with the nearest Embassy / High Commission / Consulate General of Malaysia. * Kindly complete this form in full and attach a passport - size photograph. Please return it to the nearest Embassy / High Commission / Consulate General of Malaysia.			LATEST PHOTOGRAPH
<b>A. PERSONAL PARTICULARS</b>			
NAME:	SEX:		
OTHER NAME:	DATE OF BIRTH:		
NEW IDENTITY CARD NO.:	PLACE OF BIRTH:		
OLD IDENTITY CARD NO.:	RELIGION:		
PASSPORT	PASSPORT NO.: PLACE OF ISSUE: DATE OF ISSUE: EXPIRY DATE:	BIRTH CERTIFICATE	BIRTH CERTIFICATE NO.: PLACE OF ISSUE: DATE OF ISSUE:
OTHER CITIZENSHIP DOCUMENTS:			
MARITAL STATUS:			
<b>B. FAMILY PARTICULARS</b>			
NAME OF SPOUSE:	NATIONALITY :	NO. OF CHILDREN:	
PASSPORT NO. :			
CHILDRENS PARTICULARS:			
<u>NAME OF CHILD</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF BIRTH</u>	<u>PASSPORT NO.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>C. PARTICULARS IN CURRENT COUNTRY :</b>			
ADDRESS:			
_____			
_____			
_____			
TELEPHONE NO.:	E-MAIL ADDRESS:		
DATE OF ARRIVAL:	STATUS IN CANADA:		
<b>D. EMPLOYMENT INFORMATION</b>			
OCCUPATION: _____			
COMPANY NAME; _____			
ADDRESS; _____			
TELEPHONE #; _____			

**E. PURPOSE OF RESIDENCE IN CANADA (Please place an X in all the relevant boxes and fill in particulars where applicable)**

Student

Sponsor : \_\_\_\_\_

Institution : \_\_\_\_\_

Address : \_\_\_\_\_

Course : \_\_\_\_\_

Level of Study : \_\_\_\_\_

Duration of Course : \_\_\_\_\_

Expected Date of Completion : \_\_\_\_\_

Previous Academic Institution in Malaysia : \_\_\_\_\_

Accompanying Spouse / Parents / Guardian Working / Studying: \_\_\_\_\_

Married to a Local Citizen : \_\_\_\_\_

Permanent Resident in current country, Date of PR granted : \_\_\_\_\_

Citizenship Certificate : YES / NO

Others (Please specify) : \_\_\_\_\_

**F. PARTICULARS IN MALAYSIA**

Permanent Address: _____ _____ _____	Telephone No: _____ _____
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Name, Address (If different from the above) and Telephone No. of Next-Of-Kin to be Contacted:  
(In Case of Emergency)

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

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**G. FOR OFFICIAL USE ONLY**

Registration No. \_\_\_\_\_ Date Form Received: \_\_\_\_\_

Mode of Registration: Person / Post / Fax / E-mail

Name of Officer in Charge: Mr. Rosfan Ramlee / Third Secretary