FOMEMA ®

BORANG PERMOHONAN PENAMBAHAN KUOTA TAHUNAN KLINIK
REQUEST FORM FOR INCREASE IN CLINIC'S ANNUAL QUOTA

Terma dan Syarat / ***Terms and Conditions*****:**

1. Semua panel Klinik Doktor FOMEMA yang berada di kawasan / daerah yang sama telah memenuhi kuota 500 orang perkerja asing.
   All FOMEMA Doctor Clinic panels located in the area / the same district has fulfilled the quota of 500 foreign workers.

2. Permohonan ini akan dikemukakan kepada pihak Kementerian Kesihatan Malaysia untuk pertimbangan dan keputusan mereka.
   This request will be forwarded to Ministry of Health Malaysia for their consideration and decision.

Tarikh / *Date* : _____

Saya / Kami ingin membuat permohonan untuk penambahan kuota tahunan klinik berdasarkan terma & syarat di atas.
I / We would like to request for an increase in quota for the clinic's based on the terms and conditions above.

Berdasarkan ini, dilampirkan senarai dan maklumat pekerja asing yang perlu didaftarkan dengan pihak FOMEMA di Lampiran 1.
Based on this, we have attached the list and information of foreign workers who need to be registered with FOMEMA in Appendix 1.

Tandatangan / *Signature* : _____

Jawatan / *Designation* : _____

Nama Majikan / *Employer's Name* : _____

No. Telefon / *Telephone No.* : _____

Alamat Majikan / *Employer's Address* : _____
_____
_____
_____

E-mel / *E-mail* : _____

Cop Syarikat / *Company's Stamp* :

For FOMEMA Use Only:

RM/AM/OIC :

Regional Office/Dept. :

Status : □ Reject
□ Approved (to be forwarded to MOH)

Comment :

Date :

FOMEMA SDN. BHD. *199601032301 (404653-V)*

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PERMOHONAN PENAMBAHAN KUOTA TAHUNAN KLINIK /
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Kawasan / Daerah / *Area / District*   : _____

Jumlah pekerja / *No. of worker*   : _____

NO.	Nama Pekerja Asing / *Foreign Workers Name*	No. Pasport / *Passport No.*	Tarikh Ketibaan / *Arrival Date*	Kod Pekerja / *Worker Code* (untuk kes pembaharuan / for renewal case)	Tarikh Luput Permit / *Permit Expiry Date* (untuk kes pembaharuan for renewal case)
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2					
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4					
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CONFIDENTIAL