APPLICATION FOR MALAYSIA PREMIUM VISA PROGRAMME (PVIP)

Date of Agreement: _____

Consent for data collection for the purpose of PVIP application?

☐ YES ☐ NO

Principal Name (Complete name as per passport)

First Name Last Name

_____ _____

Have you been known under a different name registered in another passport?

☐ YES ☐ NO

If Yes, please state here: _____

Date of Birth : _____ Place of Birth : _____

Nationality : _____ Religion : _____

Passport No : _____ Gender : _____

Marital Status : _____ Mobile No : _____

Email Address: _____

HOME – Country Residential Information:

Permanent Address : _____

_____

City : _____

Country : _____

State : _____

DEPENDANT DETAILS (If any):

Complete Name (as per passport)	Passport No	Relationship	Choice of coverage: 20 years / 10 years dependents

Applicant Signature: Agent Stamp:

Full Name: Agent Name:

Date: Date: