

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

1. Semua panel Klinik Doktor FOMEMA yang berada di kawasan / daerah yang sama telah memenuhi kuota 500 orang pekerja 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 untuk pertimbangan dan keputusan mereka.  
*This request will be forwarded to Ministry of Health 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/BM/AM/OIC : \_\_\_\_\_

Branch/Dept. : \_\_\_\_\_

Status :  Reject  
 Approved (to be forwarded to MOH)

Comment : \_\_\_\_\_

Date : \_\_\_\_\_

**PERMOHONAN PENAMBAHAN KUOTA TAHUNAN KLINIK /**  
**REQUEST FOR INCREASE IN CLINIC'S ANNUAL QUOTA**

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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