



**SECTION B: ACADEMIC RECORD*****SPM / "O" Level or Equivalent Examination Results***

|                            |                 |                       |  |
|----------------------------|-----------------|-----------------------|--|
| <b>Name of Examination</b> |                 |                       |  |
| <b>School Name</b>         |                 |                       |  |
| <b>Year commenced</b>      |                 | <b>Year completed</b> |  |
| <b>No</b>                  | <b>Subjects</b> | <b>Grade</b>          |  |
|                            |                 |                       |  |
|                            |                 |                       |  |
|                            |                 |                       |  |
|                            |                 |                       |  |
|                            |                 |                       |  |

***STPM / "A" Level / Matriculation or Equivalent Examination Results***

|                            |                 |                       |  |
|----------------------------|-----------------|-----------------------|--|
| <b>Name of Examination</b> |                 |                       |  |
| <b>School Name</b>         |                 |                       |  |
| <b>Year commenced</b>      |                 | <b>Year completed</b> |  |
| <b>No</b>                  | <b>Subjects</b> | <b>Grade</b>          |  |
|                            |                 |                       |  |
|                            |                 |                       |  |
|                            |                 |                       |  |
|                            |                 |                       |  |
|                            |                 |                       |  |

**SECTION C: OTHER QUALIFICATIONS / AWARDS**

|             |                                    |                      |
|-------------|------------------------------------|----------------------|
| <b>Year</b> | <b>Name of Examination / Award</b> | <b>Grade / Award</b> |
|             |                                    |                      |
|             |                                    |                      |
|             |                                    |                      |
|             |                                    |                      |

**SECTION D: LANGUAGE PROFICIENCY LEVEL (Please indicate POOR/FAIR/FLUENT)**

|                         |              |             |              |
|-------------------------|--------------|-------------|--------------|
| <b>Type of Language</b> | <b>Speak</b> | <b>Read</b> | <b>Write</b> |
| Bahasa Melayu           |              |             |              |
| English                 |              |             |              |
| Mandarin                |              |             |              |
| Tamil                   |              |             |              |
| Other:                  |              |             |              |



**GUARDIAN (if applicable)**

|  |  |                        |  |     |  |
|--|--|------------------------|--|-----|--|
| Guardian's name  |  | NRIC no                |  | Age |  |
| Address  |  |                        |  |     |  |
| House Tel  |  | H/p no.                |  |     |  |
| Occupation   |  | Gross income per month |  |     |  |
| Name and address of employer / own business (if retired, state type of employment, name and address of previous employer / own business) |  |                        |  |     |  |
| .....  |  |                        |  |     |  |
| .....  |  |                        |  |     |  |

**PARTICULARS OF ALL BROTHERS AND SISTERS (exclude applicant)**

| Name | Relationship | Sex | Age | Marital status | Occupation (if studying, state level of education and name of school/institution) | Tel no (home, H/p or office) | Gross income per month |
|------|--------------|-----|-----|----------------|---|------------------------------|------------------------|
|      |              |     |     |                |   |                              |                        |
|      |              |     |     |                |   |                              |                        |
|      |              |     |     |                |   |                              |                        |
|      |              |     |     |                |   |                              |                        |
|      |              |     |     |                |   |                              |                        |
|      |              |     |     |                |   |                              |                        |
|      |              |     |     |                |   |                              |                        |
|      |              |     |     |                |   |                              |                        |
|      |              |     |     |                |   |                              |                        |

**SECTION I: REFEREES**

*Names of two (2) referees who are known to the applicant and applicant's family for a period of not less than 3 years. Referees can be relatives or close family friends BUT not applicant's own parents, brothers / sisters or fellow students. Referees should be contactable by telephone during office hours.*

| Referees 1                |  |  | Referees 2                |  |  |
|---------------------------|--|--|---------------------------|--|--|
| Name                      |  |  | Name                      |  |  |
| Address                   |  |  | Address                   |  |  |
| House Tel                 |  |  | House Tel                 |  |  |
| H/p no.                   |  |  | H/p no.                   |  |  |
| Occupation                |  |  | Occupation                |  |  |
| No. of years known        |  |  | No. of years known        |  |  |
| Relationship to applicant |  |  | Relationship to applicant |  |  |

**SECTION J: DECLARATION**

1. Have you ever had or been treated for serious illness affecting the Nervous, Respiratory, Genito-Urinary, Gastrointestinal, Metabolic, Haemopoietic and Lymphatic Systems, Cancer, AIDS, ETC.?

No  Yes (If YES, Please give details and dates)

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

2. Have you ever been convicted of a criminal offence?

No  Yes (If YES, Please state the charges)

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

3. Do you have any relatives working with United Malacca Berhad or its Group of companies?

No  Yes (If YES, please furnish the following information)

Name \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Relationship \_\_\_\_\_

I hereby declare that the information and copies of documents provided by me in this Application Form are correct and true to the best of my knowledge. I fully understand and accept that, if it is found that a false declaration has been made on this form, the Company has the absolute right to disqualify my application.

Name: .....

I/C No.: .....

Signature: .....

Date: .....

**SECTION K: CHECK LIST TO BE COMPLETE BY APPLICANT**

Please Tick (✓)

|     |   |  |
|-----|---|--|
| 1.  | Completed Application Form  |  |
| 2.  | Photocopy of applicant's IC / Birth Certificate                     |  |
| 3.  | Photocopy of SPM / 'O' Level result                                 |  |
| 4.  | Photocopy of STPM / 'A' Level / Matriculation result transcript     |  |
| 5.  | Photocopy of University results                                     |  |
| 6.  | Letter of Offer from University                                     |  |
| 7.  | Document stating the course fee from the University                 |  |
| 8.  | Testimonial / Awards / Academic Certificate / Extra-Curricular Docs |  |
| 9.  | School Leaving Certificates   |  |
| 10. | Photocopy of Guardian's Form B/BE/EA/EPF/Pension Statement etc      |  |
| 11. | Sibling's pay-slip (if applicable)                                  |  |

**FOR OFFICE USE**

**Date of Interview** .....

**Interview Assessment**  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Recommended for  
Scholarship**

Yes

No

**Interviewing Panel**

.....  
Name:  
Designation:  
Date:

.....  
Name:  
Designation:  
Date:

.....  
Name:  
Designation:  
Date:

.....  
Name:  
Designation:  
Date:

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Name:  
Designation:  
Date:

.....  
Name:  
Designation:  
Date: