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| Logo LHDNM_1Logo APM | | | | | | | | | | | | *Please Affix Passport Size Photograph (Colour)* | |
| **MALAYSIAN TAX ACADEMY (MTA)**  **INLAND REVENUE BOARD OF MALAYSIA**  APPLICATION FOR SHORT COURSES IN MALAYSIA | | | | | | | | | | | |
| ***USE CAPITAL LETTERS*** | | | | | | | | | | | | | |
| **By the Government of** | | | |  | **FOR MTA OFFICIAL USE ONLY** | | | | | | | | |
|  | | | | Received : | | \_\_\_\_\_\_\_\_\_\_\_ | | Checked: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | | | | | | | | | | |
| **Course Applied** | | | | | | | | | | | **Date of Commencement** | | |
| WORKSHOP ON TAXATION OF INTERNATIONAL TRANSACTIONS (TOIT 2016) | | | | | | | | | | | 09/05/2016 to 27/05/2016 | | |
|  | | | | | | | | | | | | | |
| A | PERSONAL DATA | | | | | | | | | | | | |
|  | **Full Name:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | **Date of Birth** (dd/mm/yyyy) | | **Place of Birth** | | | **Gender** | | | | **Marital Status** | | | |
|  | |  | | |  | | | |  | | | |
|  | **Passport No.** | | **Passport Expiry Date** | | | **Nationality** | | | | **Religion** | | | |
|  | |  | | |  | | | |  | | | |
|  | **Home Address:** | | | | | | | | | **Telephone No :** | | | |
|  |  | | | | | | | | |  | | | |
| **H/P No :** | | | |
|  | | | |
|  | **Office Address (Current Workplace) :** | | | | | | | | | **Telephone No :** | | | |
|  |  | | | | | | | | |  | | | |
| **Facsimile No :** | | | |
|  | | | |
|  | **Email Address :** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| B | DETAILS OF PRESENT EMPLOYMENT | | | | | | | | | | | | |
|  | **Job Title/ Position :** |  | | | | | | | | | | | |
|  | **Name of Employer :** |  | | | | | | | | | | | |
|  | **Employer’s Full Address:** | | | | | | | | | **Office Telephone No.** | | | |
|  |  | | | | | | | | |  | | | |
| **Facsimile No.** | | | |
|  | | | |
|  | **Type of Organization :** | | | | | | | **Date of Appointment :** | | | | | |

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|  | **Details Of Job Functions :** | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
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| C | PREVIOUS EMPLOYMENT RECORDS | | | | | | | | | | | | | | | | |
|  | **Period** | | | **Name & Address of Employer** | | | | **Type of Organization** | | | | **Job Title/ Brief Description of your duties indicating any personal responsibility** | | | | | |
|  | **From** | **To** | |
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| D | EDUCATIONAL RECORDS | | | | | | | | | | | | | | | | |
|  | **Educational Institution/ Location** | | | | **Degrees/ Diplomas/ Certificates** | | | | | **Major Field of Study** | | | | | **Years Attended** | | |
|  | **From** | | **To** |
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| E | REASON FOR APPLYING FOR THIS COURSE | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| F | ENGLISH LANGUAGE PROFICIENCY | | | | | **Spoken** | | | | | | | **Written** | | | | |
|  | **Please tick appropriate box** | | | | | **Good** | | | **Fair** | | **Poor** | | **Good** | **Fair** | | **Poor** | |
|  | | | | | | | | | | | | | | | | | |
| G | PERSON TO BE NOTIFIED IN AN EMERGENCY | | | | | | | | | | | | | | | | |
|  | **Name** | |  | | | | | | | | | | | | | | |
|  | **Address** | |  | | | | | | | | | | | | | | |
|  | **Telephone** | |  | | | | **Relationship** | | | | |  | | | | | |
|  | **Relative/ Friend in Malaysia (if any)** | | | | | | | | | | | | | | | | |
|  | **Name** | |  | | | | | | | | | | | | | | |
|  | **Address** | |  | | | | | | | | | | | | | | |
|  | **Telephone** | |  | | | | **Relationship** | | | | |  | | | | | |

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| H | MEDICAL HISTORY (**To Be Completed By Nominee)** | | | | | | | | | |
|  | **Please tick (x) either “yes” or “no” for each item** | | | | | **YES** | **NO** | **If Yes, please explain** | | |
|  | **Have you had any significant or serious illness or injury?**  **(If hospitalised, give place & dates)** | | | | |  |  |  | | |
|  | **Have you had any operations or been advised by a physician to have an operation? (Give place & dates)** | | | | |  |  |  | | |
|  | **Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage)** | | | | |  |  |  | | |
|  | **Have you ever been referred to or received treatment by a psychiatrist?**  **(Give place & dates)** | | | | |  |  |  | | |
|  | | | | | | | | | | |
|  | **DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE CONDITIONS LISTED BELOW?**  (*If yes, mark the relevant condition with a circle*) | | | | | | | | **YES** | **NO** |
|  | a. | | Asthma, emphysema, or other lung conditions | | | | | |  |  |
|  | b. | | Tuberculosis or living with anyone who has tuberculosis | | | | | |  |  |
|  | c. | | High blood pressure, heart disease | | | | | |  |  |
|  | d. | | Stomach, liver (hepatitis), gall bladder disease | | | | | |  |  |
|  | e. | | Kidney or bladder disease, stone or blood in urine | | | | | |  |  |
|  | f. | | Diabetes (sugar in the urine) | | | | | |  |  |
|  | g. | | Depression, excess worry, attempted suicide, or other psychological symptoms | | | | | |  |  |
|  | h. | | Acquired Immune Deficiency Syndrome (AIDS) | | | | | |  |  |
|  | i. | | Tumor, abnormal growth, cyst or cancer | | | | | |  |  |
|  | j. | | Bleeding disorder, blood disease (sickle cell anemia) | | | | | |  |  |
|  | | | | | | | | | | |
|  | **IMPORTANT NOTICE** | | | | | | | | | |
|  | “You are hereby informed that any medical problems resulting from an undisclosed pre-existing condition suffered during the duration of the course may result in the termination of your training programme.” | | | | | | | | | |
|  | I understand and accept the terms of this notice | | | | Yes | | | No | | |
|  | | | | | | | | | | |
| I | APPLICANT’S DECLARATION | | | | | | | | | |
|  | | **I hereby declare that to the best of my knowledge and belief, the information given in this application form is correct.** | | | | | | | | |
|  | | **\_\_\_\_\_\_\_**     **\_\_\_\_\_\_\_**  **Date** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Applicant** | | | | | | |
| **`** | |  | | | | | | | | |
| J | RECOMMENDATION FROM NOMINATING AGENCY | | | | | | | | | |
|  | | **Seal of Nominating Agency** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Certifying Government Officer**  **Name :**  **Designation :**  **Agency :**  **Address of Agency:**  **Email :** | | | | | | |