|  |  |
| --- | --- |
|  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 2017)  | 07/08/2017 to 25/08/2017 |
|  |
| 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 :**       |

|  |  |
| --- | --- |
|  | **Details Of Job Functions :** |
|  |       |
|  |
| 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** |
|  |       |       |       |  |       |
|  |       |       |       |  |       |
|  |       |       |       |  |       |
|  |
| D | EDUCATIONAL RECORDS |
|  | **Educational Institution/ Location** | **Degrees/ Diplomas/ Certificates** | **Major Field of Study** | **Years Attended** |
|  | **From** | **To** |
|  |       |       |       |       |       |
|  |       |       |       |       |       |
|  |       |       |       |       |       |
|  |       |       |       |       |       |
|  |
| 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** |       |

|  |  |
| --- | --- |
| 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 :**       |