

**PERMOHONAN MENCETAK SEMULA PELEKAT KOD BAR
REQUEST TO REPRINT BARCODE STICKER**

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

- a. Permohonan untuk mencetak semula pelekat kod bar hendaklah dibuat dalam tempoh 90 hari dari tarikh pendaftaran.
Request for a reprint of the barcode sticker must be done within 90 days from the date of registration.
- b. Jika pemeriksaan perubatan telah dijalankan, permohonan mencetak semula kod bar hanya dibenarkan jika pemeriksaan X-ray belum dijalankan.
If the medical examination had been carried out, the request for a reprint of barcode sticker is only allowed if the X-ray examination had not been carried out.

Dokumen-dokumen yang perlu dilampirkan / Documents to be attached :

1. Draf Bank / Kiriman Wang / Wang Pos dibayar atas nama FOMEMA SDN. BHD. (RM20.00 setiap pekerja).
Bank Draft / Money Order / Postal Order payable to FOMEMA SDN. BHD. (RM20.00 / per worker).
2. Salinan paspot : a) Muka surat butiran diri pekerja b) Muka surat permit kerja (jika ada).
Photocopy of the passport : a) Foreign worker's details page, b) Work permit page (if available).

Tarikh permohonan / Date of Request : _____ No. Telefon / Telephone No. : _____

Nama Majikan / Agensi / Syarikat : _____
Employer's / Agency's / Company's Name

Saya / Kami memohon untuk mencetak semula pelekat kod bar bagi _____ (Bilangan Pekerja) pekerja asing.
I / We request for a reprint of the barcode sticker for _____ (No. of Foreign Worker's) foreign worker's.

Permohonan mencetak semula pelekat kod bar adalah disebabkan _____
Request to reprint the barcode sticker is due to _____

NAMA PEKERJA WORKER'S NAME	KOD PEKERJA WORKER'S CODE	NO. PASPOT PASSPORT NUMBER

Saya / Kami dengan ini mengesahkan bahawa semua maklumat dan dokumen diberikan adalah sah, benar dan lengkap. Saya / Kami faham dan bersetuju dengan terma-terma dan syarat-syarat yang dinyatakan di atas. *I / We hereby confirm that all information and documents that have been submitted are valid, true and complete. I / We understand and agree with the terms and conditions as stated above.*

Dilampirkan bersama adalah bayaran sebanyak RM _____ No. Draf Bank / Kiriman Wang / Wang Pos _____ untuk
Enclosed herewith is the payment of RM _____ Bank Draft / Money Order / Postal Order No. _____ for
permohonan di atas.
the above request.

Terima kasih / Thank you.

Nama : _____
Name

Tandatangan : _____
Signature

No. K.P / No. Paspot : _____
I.C No. / Passport No.

For Office Use :

Updated by :

Date :

Branch :

Remarks : Confirmation from X-ray Facility that
X-ray examination had not been
carried out.

YES / NO