

**(A) MAKLUMAT KUMPULAN WANG YANG DILULUSKAN / PARTICULARS OF APPROVED FUND**

NO. RUJUKAN <i>REFERENCE NO.</i>												
NAMA PENUH <i>FULL NAME</i>												
ALAMAT SURAT-MENYURAT <i>CORRESPONDENCE ADDRESS</i>												
POSKOD <i>POSTCODE</i>				NEGERI <i>STATE</i>								

**(B) MAKLUMAT AHLI KWSP / PARTICULARS OF EPF MEMBER(S)**

BIL. NO.	NO. AHLI KWSP <i>EPF MEMBERSHIP NO.</i>	NO. MyKad <i>MyKad No.</i>	NAMA PENUH AHLI KWSP (SEPERTI DALAM MyKad) <i>EPF MEMBER'S FULL NAME (AS PER MyKad)</i>	SYER MAJIKAN (RM) <i>EMPLOYER'S SHARE</i>	SYER PEKERJA (RM) <i>EMPLOYEE'S SHARE</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
JUMLAH (RM) <i>TOTAL</i>					

**(C) MAKLUMAT BAYARAN (TANDAKAN DAN ISI PADA YANG BERKENAAN) / PARTICULARS OF PAYMENT (TICK AND FILL IN WHERE APPLICABLE)**

CARA BAYARAN <i>PAYMENT METHOD</i>	<input type="checkbox"/> WANG TUNAI <i>CASH</i>	<input type="checkbox"/> CEK/ KIRIMAN WANG/ WANG POS/ DRAF BANK/ EFT/TT <i>CASH/ CHEQUE/ MONEY ORDER/ POSTAGE ORDER/ BANK DRAFT/ EFT/ TT</i>	NO.:
AMAUN (RM) <i>AMOUNT (RM)</i>			
CATATAN <i>NOTE</i>	1. NO. RUJUKAN MAJIKAN (JIKA ADA) MESTI DITULIS DI BELAKANG CEK. / <i>EMPLOYER REFERENCE NO. (IF AVAILABLE) MUST BE WRITTEN BEHIND THE CHEQUE.</i> 2. JUMLAH BAYARAN MESTI SAMA DENGAN JUMLAH PADA BORANG INI. / <i>PAYMENT AMOUNT MUST BE THE SAME AS THE AMOUNT STATED IN THIS FORM.</i>		

**(D) PENGESAHAN MAJIKAN / DECLARATION BY EMPLOYER**

SAYA MENGESAHKAN BAHAWA SEMUA MAKLUMAT DAN/ATAU DOKUMEN YANG DIKEMUKAKAN BAGI PERMOHONAN INI ADALAH SAH DAN BENAR.  
*I CONFIRM THAT ALL INFORMATION AND/OR DOCUMENTS SUBMITTED FOR THIS APPLICATION ARE CORRECT AND VALID.*

TANDATANGAN MAJIKAN/  
 WAKIL MAJIKAN / *SIGNATURE OF EMPLOYER/ EMPLOYER'S REPRESENTATIVE* \_\_\_\_\_  
 NAMA / *NAME* \_\_\_\_\_  
 NO. MyKad / *MyKad NO.* \_\_\_\_\_  
 JAWATAN / *POSITION* \_\_\_\_\_  
 NO. TEL BIMBIT / *MOBILE PHONE NO.* \_\_\_\_\_  
 E-MEL / *EMAIL* \_\_\_\_\_  
 TARIKH PERMOHONAN (HH-BB-TTTT)  
*DATE OF APPLICATION (DD-MM-YYYY)*     -  -

CAP RASMI MAJIKAN / *EMPLOYER'S OFFICIAL STAMP*

**UNTUK KEGUNAAN KWSP SAHAJA / FOR EPF USE ONLY**

TARIKH TERIMA (HH-BB-TTTT)  
*RECEIPT DATE (DD-MM-YYYY)*     -  -

NO. ANGGOTA  
*STAFF NO.*   

CAWANGAN  
*BRANCH OFFICE*   

CAP TERIMA / *STAMP OF RECEIPT*