



AGENSI PEKERJAAN SRIMANISA SDN BHD

378 B, 2nd Floor, Jalan Tuanku Abdul Rahman, 50100 Kuala Lumpur.

(431645-A)

Tel: 03-26931188/26931069 Fax: 603-26911087 Email: maids@srimanisa.com.my

JTR License: 008 Immigration No: IMM.BPA.229/857/4(001)

Visit Web Site at: [http:// www.srimanisa.com.my](http://www.srimanisa.com.my)

Email: susanfoo@srimanisa.com.my

Our Ref	E	I	S
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APPLICATION TO EMPLOY A FOREIGN DOMESTIC MAID

PARTICULAR OF EMPLOYER:

(Please fill up this form and return to us by fax or Email)

Name : _____ NRIC : _____

Address : _____ Sex : Male / Female Age : _____

_____ Tel : (House) _____

_____ Tel : (Office) _____

Occupation : _____ Fax : _____

Name Of Company : _____ Handphone : _____

Address : _____ Email : _____

Income (RM) : _____ Spouse's Income (RM) : _____

FAMILY MEMBERS :

Spouse's Name : _____ NRIC No : _____

Occupation : _____ Age : _____ Tel : (Office) _____

Name Of Company : _____ Fax : _____

Address : _____ Handphone : _____

_____ Email : _____

Children's Age : _____ Parent's Age : _____

Any Handicap / Invalid : _____

RELIGION : _____

Particular of the former foreign maid :

Type of House : _____ Name : _____

No. of Cars : _____ No. of Animals reared : _____ Period of Employment : _____

PREFERENCE

1) Care Yes/No Babies/children-Age	2) Care of Yes/No Old Age/Invalid	3) Cooking Yes/No	4) House Yes/No Keeping	5) Nursing Yes/No	5) Other Yes/No Duties
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I hereby certify that the above information is true and correct, and the maid chosen is

_____ (to be filled in personally by employer)

X
lly
lly

Employer Signature

Date : _____

You knew this agency through (adver / friend / relative)



FOR RENEWAL – PLEASE STATE NAME AND ADDRESS OF THE CLINIC CHOSEN

Marketing Personnel : _____