

PUBLIC SERVICE DEPARTMENT MALAYSIA **PENSIONS DIVISION**

PHOTOGRAPH, THUMB IMPRESSIONS AND SPECIMEN SIGNATURE OF

MALAYSIAN GOVER	NMENT PENSION	N RECIPIENT	
INSTRUCTIONS	F	FOR OFFICE USE	
 Form to be filled in 2 copies Please fill out this forn using BLACK/ BLUE ink. Please use capital letters. 	Date Receive	Day Month Year	
	Ref. No		
Specir Left Thumb Impression I hereby certify the above details are thumb impression and re			
(Signature of Certifying Officer) Name:			
Official Stamp/seal:			
Note:			
The certifying officer should be either a Magistrate, Justice		-	
Practitioner, Bank Manager, Certified Accountant, Officers of	, ,	sions or Officers in the premier or	
Management and Professional Category of Malaysia Civil S	Services		
For Clarification, please contact:			
THE DIRECTOR GENEI PUBLIC SERVICE DEP. PENSIONS DIVISION LEVEL 2-5 BLOCK C2	ARTMENT MALAYSIA		
LEVEL 2-5, BLOCK C2, FEDERAL GOVERNME	, PARCEL C, INT ADMINISTRATION CE	NTRE	

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