

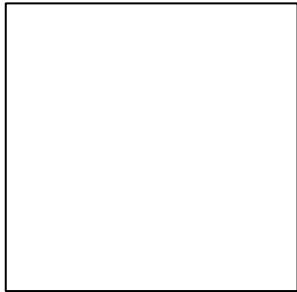

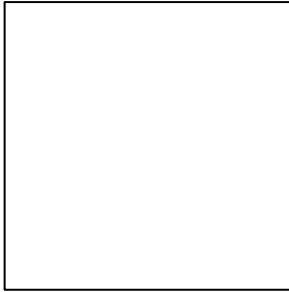


**PUBLIC SERVICE DEPARTMENT MALAYSIA
PENSIONS DIVISION**

JPA.BP.SKP.B06
Pindaan 2026

**PHOTOGRAPH, THUMB IMPRESSIONS AND SPECIMEN SIGNATURE OF
MALAYSIAN GOVERNMENT PENSION RECIPIENT**

INSTRUCTIONS	FOR OFFICE USE																
1. Form to be filled in 2 copies 2. Please fill out this form using BLACK/ BLUE ink. 3. Please use capital letters.	Date Receive <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td align="center" colspan="2">Day</td> <td align="center" colspan="2">Month</td> <td align="center" colspan="4">Year</td> </tr> </table> Ref. No									Day		Month		Year			
Day		Month		Year													

		
Left Thumb Impression	Recent Photograph	Right Thumb Impression
..... Specimen Signature		

I hereby certify the above details are thumb impression and recent photograph that of Mr/Madam/Miss

..... Malaysian Identification No.

or Passport No. (if related) Expiry Date with Visa/Visit

Pass No. Expiry Date

.....
(Signature of Certifying Officer)

Name:
Official Stamp/seal:

Note:
The certifying officer should be either a Magistrate, Justice of Peace, Advocate & Solicitor, Notary Public, Registered Medical Practitioner, Bank Manager, Certified Accountant, Officers of Malaysian High Commissions or Officers in the premier or Management and Professional Category of Malaysia Civil Services

For Clarification, please contact:

**THE DIRECTOR GENERAL
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FEDERAL GOVERNMENT ADMINISTRATION CENTRE 62510 PUTRAJAYA
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TELEPHONE : +6 03-8885 4853 / 4170 / 3831 / 4787**