



**PUBLIC SERVICE DEPARTMENT MALAYSIA
PENSIONS DIVISION**



**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 style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> <td colspan="5"></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.

.....
(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
 PUBLIC SERVICE DEPARTMENT MALAYSIA
 PENSIONS DIVISION
 LEVEL 2-5, BLOCK C2, PARCEL C,
 FEDERAL GOVERNMENT ADMINISTRATION CENTRE
 62510 PUTRAJAYA
 MALAYSIA
 TEL : 03-88854906/ 03-88854475/4476/4477/4478**