



VISITOR APPLICATION FORM

**SECTION A - HOST / REQUESTOR DETAILS**

<b>Name</b>	_____	<b>Department</b>	_____
<b>Relationship with guest</b>	_____	<b>Mobile No.</b>	_____
<b>Email</b>	_____		

**SECTION B - VISITOR DETAILS**

<b>Name as per IC / passport</b>	_____	<b>NRIC / Passport No.</b>	_____
<b>Nationality</b>	_____	<b>Gender</b>	Male ( )      Female ( )
<b>Dept / School</b>	_____	<b>Mobile No.</b>	_____
<b>Email Address</b>	_____		
<b>Reason of Visit</b>	_____		
<b>Visitor category</b>	<input type="checkbox"/> Invited guest (faculty) <input type="checkbox"/> Others (please specify) _____ <input type="checkbox"/> phd / research student		
<b>Period of Stay</b>	<b>From :</b> _____	<b>To :</b>	_____

**SECTION C - REQUEST DETAILS**

**1. OFFICE :** Suggested Block / Room No. :

**2. ACCOMMODATION : please select (✓)**

	In - Campus	* please refer to No. 3 for the fees.
	Off - Campus	* please fill in request form and submit to admin office for this selection (if applicable)

**3. CAMPUS HOSTEL FEES : please select (✓)**

	DEPOSIT*	<b>DAILY BASIC</b>	
		RENTAL (including Utilities)	
	RM200	RM100	
	DEPOSIT*	<b>MONTHLY BASIC</b>	
		RENTAL	UTILITIES FEE
		RM400	RM680      RM120

\* One time refundable deposit.  
\*\* Room type offered is twin sharing room.

**4. EXPENSES TO BE BORNED BY : please select (✓)**

	XMUM
	Guest
	Host, Please indicate Funding No. : _____

**SECTION D - PAYMENT DETAILS**

Payment can be made to the following :

Account Name: XMU JIAGENG EDUCATION DEVELOPMENT SDN BHD  
Bank: PUBLIC BANK BERHAD  
Account No: 319-724-8410  
Bank Address: KL City Main Office Menara Public Bank, 146, Jalan Ampang, 50450, Kuala Lumpur, Malaysia  
Swift Code: PBBEMYKL

**Requested by :**

Name :

Date :

**SECTION E - COMMENT & APPROVAL**

<b>HOD</b>	<b>ORI (for Research only) :</b>	<b>President / Assistant President (only applicable for expenses borne by XMUM) :</b>
<b>Comment :</b>	<b>Comment :</b>	<b>Comment :</b>
<b>Signature:</b>	<b>Signature:</b>	<b>Signature:</b>
_____ Name :	_____ Name :	_____ Name :
_____ Date :	_____ Date :	_____ Date :

**For Asset Office Use only:**

Received by :

Date received :

Assigned Office No. :

**For Accommodation Office Use only:**

Received by :

Date received :

Assigned Room No. :

**Approved by :**

Name :

Date :

\* Please be informed that the application need to be submit **AT LEAST 7 working days** before the visitor's arrival.

\* Attachment of supporting document is needed such as : (1) Copy of IC/passport ID page, (2) CV (for academic guest), (3) Invitation letter (if applicable), and (4) research proposal (if applicable)