Expatriate Services Division Headquarters of the Immigration Department Malaysia (Ministry of Home Affairs) Level 3 (Podium) No 15 Persiaran Perdana, Precint 2 62550 Putrajaya

Dear Sir/Madam,

LETTER OF UNDERTAKING (PAGE 1/2)

(Organization name & ESD **Organization Number) Reference No:**

I, the undersigned,	(name of the IPTA/ Government
Agency representative) declarethat all inf	ormation and documents submitted are true. I also understand
the content of the letter dated	
, Reference No.:	, and hereby accept the terms and conditions therein.
I therefore authorise the following person	nel to do the following actions on behalf of the Company:
i) Endorser	ii) Company Login ID User
	Login ID: tradershotels
Name:	Name:
MyKad No.:	MyKad No.:
Designation:	Designation:
Department/Unit/Division:	Department/Unit/Division:
Department/Only Division.	Department/OnlivDivision.
Telephone:	Telephone:
Mobile Phone:	Mobile Phone:
Email:	Email:
Signature:	Signature:
	1

The person identified in (i) and (ii) must be an employee within the Company

LETTER OF UNDERTAKING (PAGE 2/2)

(Organization name & ESD Organization Number) Reference No:

iii) Submission Officers	
Name:	Name:
MyKad No.:	MyKad No.:
Designation:	Designation:
Department/Unit/Division:	Department/Unit/Division:
Telephone:	Telephone:
Mobile Phone:	Mobile Phone:
Email:	Email:
Signature:	Signature:

Neglectful failure of the Company to substantially comply with an applicable or other governmental requirements; or the negligence or willful misconduct or knowingly misrepresent with the intent to obtain any passes for the said foreigner/s, the Company, shall hereby be lawfully responsible to a legal action under the Immigration Act 1959/63 Section 56(1)(f): Any person who makes or causes to be made any false report, false statement or false representation in connection with any obligation on conviction, be liable to a fine not exceeding ten thousand ringgit or to imprisonment for a term not exceeding five years or to both.

C	
* Name	:
MyKad No.	:
Date	:
Designation	:
Organization Name	:
Organization Stamp	:

Sincerely,

^{* (}This part must be completed by an appointed IPTA/Government Agency representative and must appear in person to sign this letter in front of an Immigration Officer)