MPOB/FMD/Bil. 2

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| **Nota:**   1. Tandakan **√** dipetak berkenaan. 2. Sila sertakan sesalinan sijil kelahiran bapa / ibu. 3. Kepilkan 2 keping gambar tekini berukuran pasport |
| **LEMBAGA MINYAK SAWIT MALAYSIA**  **MALAYSIAN PALM OIL BOARD (MPOB)**  **BORANG PENDAFTARAN LANTIKAN BARU**  Kepada : Ketua Unit Sumber Manusia  (Diisi oleh Unit Sumber Manusia)  Tarikh : ..........................  No Rujukan : ...........................  No. Anggota : ........................... |
| **A. MAKLUMAT PERIBADI**    No. MyKad : ................................. Warganegara : .......................... No. K/P Lama : .......................................................  Nama : ........................................................................................ Jantina : .......................................................  Tarikh Lahir : ........................... No. Sijil Kelahiran : .......................... Keturunan : .......................................................  Negeri Lahir : ......................................................................................... Agama : .......................................................  Taraf Perkahwinan :\* Bujang/Berkahwin/Duda/Janda/Balu No. KWSP : .......................................................  (Sila isikan ruangan maklumat keluarga sekiranya berkahwin) (Sila Lampirkan Salinan Pendaftaran KWSP)    No. Cukai Pendapatan (jika ada) :.......................................................... No. PERKESO (jika ada) : .......................................  Alamat Tetap : .................................................................................................................................................................................  Alamat Surat Menyurat: ..................................................................................................................................................................  ..................................................................................................................................................................  No. Tel. Rumah : ......................................................................  No. Tel. Bimbit : ......................................................................  Alamat e-mel : ...................................................................... |
| **B. MAKLUMAT SUAMI/ISTERI**  (Gunakan Kertas Tambahan Jika Mempunyai Lebih daripada 1 Isteri)    Nama : ............................................................... No. MyKad : .........................................................................  Tarikh Lahir : ............................................................... Jawatan : .........................................................................  Tarikh Perkahwinan : ............................................................... Nama Majikan : .........................................................................  (Kepilkan salinan Sijil Nikah) |
| **C. MAKLUMAT ANAK-ANAK**  (Gunakan Kertas Tambahan Jika Ruang Tidak Mencukupi)    Bilangan Anak : ...............................................    Nama : ............................................... Nama : ....................................................  No.Mykid /Mykad : ............................................... No.Mykid / Mykad : ....................................................  No. Sijil Kelahiran : ............................................... No. Sijil Kelahiran : ....................................................  Tarikh Lahir : ............................................... Tarikh Lahir : ....................................................  Jantina : .............................................. Jantina : ....................................................  Status Anak : Bawah 21 Tahun Status Anak : Bawah 21 Tahun  Bersekolah/ IPTA/ IPTS Bersekolah/ IPTA/ IPTS  Sudah Berkahwin Sudah Berkahwin  Bekerja Bekerja |
| **D. MAKLUMAT WARIS**    Nyatakan 2 nama waris terdekat dan alamat yang boleh dihubungi jika berlaku kecemasan.  Nama Pertama : ............................................................ ................................................  Alamat : ..............................................................................................................  No. Tel. : ..............................................................................................................  Hubungan : ..............................................................................................................  Nama Kedua : ..............................................................................................................  Alamat : ...............................................................................................................  No. Tel. : ...............................................................................................................  Hubungan : ............................................................................................................... |
| **E. MAKLUMAT IBU BAPA**  Nama Bapa : ...............................................................................................................  No. K/P : ...............................................................................................................  Keturunan : ...............................................................................................................  No. Tel. : ...............................................................................................................  Alamat : ...............................................................................................................  ...............................................................................................................  Nama Ibu : ...............................................................................................................  No. K/P :................................................................................................................  Keturunan : ...............................................................................................................  No. Tel. : ...............................................................................................................  Alamat : ................................................................................................................ |
| **F. MAKLUMAT KELAYAKAN**    Bidang/Pengkhususan : ...........................................................................................................................................................  Nama Sijil Pengajian : ...........................................................................................................................................................  Tempoh Pengajian : ............................................ Mulai Tahun : ......................................... Hingga : ........................................  Penempatan : ..........................................................................................................................................................................  Institusi Pengajian : ..........................................................................................................................................................................  Taraf Kelulusan : .......................................................................................................................................................................... |
| **G. MAKLUMAT PENGISYTIHARAN WILAYAH ANGGOTA**    Tempat Lahir Anggota : .........................................................................................................................................................  Tempat Lahir Bapa Anggota : ..........................................................................................................................................................  Tempat Lahir Ibu Anggota : ..........................................................................................................................................................  Dengan ini disahkan bahawa saya berasal daripada  Wilayah Semenanjung  Sabah termasuk Labuan  Sarawak  ......................................  (Tandatangan Anggota)  Tarikh : .......................... |

(Urus Setia : Sila buat salinan untuk Ketua Seksyen Pengurusan Personel dan Ketua Seksyen Khidmat Personel)