

To :

MUI CONTINENTAL INSURANCE BERHAD (Company No: 29123-D)
Mezzanine & 1st Floor, Plaza See Hoy Chan, Jalan Raja Chulan
50200 Kuala Lumpur

Dear Sirs,

LETTER OF INDEMNITY FOR INSURANCE GUARANTEE No : _____

In consideration of you agreeing to my/our request to issue the Letter of Guarantee to the Ketua Pengarah Imigresen (hereinafter called the "KPI") guaranteeing the satisfactory performance and observance of the conditions imposed on _____ (hereinafter called "the Employer") and/or Employees named overleaf by the KPI in the Security Bond for a Guarantee sum not exceeding Malaysian Ringgit _____ (RM _____).

I/We, the undermentioned Employer and/or Guarantors hereby jointly and severally undertake for ourselves our heirs executors administrators assigns and successors that we jointly and severally at all times hereinafter will and sufficiently indemnify you in full against all claims payments demands actions suits proceedings losses liabilities costs and expenses whatsoever which may be taken or made against you or incurred or become payable by you under the liability or obligations of the Letter of Guarantee and we hereby further agree that you may at your absolute discretion compromise all claims payments demands suits proceedings losses liabilities which may be taken or made against you under the Letter of Guarantee and that we also hereby further agree to accept the receipts, vouchers or other evidence of all payments made by you or of all liabilities or obligations incurred by you by reason of the Letter of Guarantee as conclusive evidence against us and our estates of the fact and extent of our liabilities herein to you.

My/Our liability hereunder is irrevocable and shall remain in full force or effect until your liability under the said Letter of Guarantee is discharged and the same have been returned to you for cancellation.

IN WITNESS HEREOF I/WE have hereunto subscribed my/our name/names this _____ of _____ 200____.

(Witness to Signature)

Name in Full :

I/C No :

Occupation :

Home/HP No :

Home Address :

(The Employer with Company's Stamp)

Name in Full :

I/C No :

Designation :

Office Tel No :

Office Address :

(Witness to Signature)

Name in Full :

I/C No :

Occupation :

Home/HP No :

Home Address :

(The Employer with Personal Capacity)

Name in Full :

I/C No :

Occupation :

Home/HP No :

Home Address :

(Witness to Signature)

Name in Full :

I/C No :

Occupation :

Home/HP No :

Home Address :

(The Employer with Personal Capacity)

Name in Full :

I/C No :

Occupation :

Home/HP No :

Home Address :

Note : This Letter of Indemnity is to be signed as follows :

- | | | | |
|----|---------------------|---|----------------------------------------------------------------------------|
| 1. | Sole Proprietorship | : | Employer (Proprietor) plus One Third Party Guarantor |
| 2. | Partnership | : | Employer, One Partner in Personal Capacity Plus One Third Party Guarantor |
| 3. | Company | : | Employer, One Director in Personal Capacity plus One Third Party Guarantor |



MUI Continental Insurance Berhad (29123-D)

Head Office
Mezzanine Floor & 1st Floor, Plaza See Hoy Chan, Jalan Raja Chulan, 50200 Kuala Lumpur, Malaysia
P.O.Box 12048, 50766 Kuala Lumpur Tel: 03-20709226 Fax: 03-20704226

Branches
Kuala Lumpur . Penang . Ipoh . Klang . Seremban . Melaka . Batu Pahat . Johor Bharu . K.Bharu . Kuantan . Mentakab . Kuching .
K. Kinabalu

FOREIGN WORKERS INSURANCE GUARANTEE SCHEME PROPOSAL FORM

STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT, 1996 - You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be invalidated.

AGENCY A/C NO : _____ POLICY NO : _____

1. Name of Proposer/Employer : _____
_____ (Company No: if relevant)

2. Occupation/Business _____
Tel No : _____

3. Address : _____

4. a. Business Registration No : _____

b. When and Where Registered : _____

5. Nature of Constitution : _____
(State whether Public Limited Co., Private Ltd Co., Partnership of Sole Proprietorship)

6. If Limited Company please state paid up capital : _____

7. Particular of Workers (if space provided is sufficient, please attach list).

Name	Age	Sex	Passport No.	Nationality	Monthly Wages

8. Period of Insurance From _____ To _____ (_____ Months)

Coverage :

- Insurance Guarantee of RM250.00/RM500.00/RM750.00/RM1500.00 * per worker
 - Delete as appropriate.

I/We, the proposer, having requested MUI Continental Insurance Berhad to furnish a Insurer's Guarantee to the Immigration Department in accordance with the information contained in this application, agree to fully indemnify MUI Continental Insurance Berhad against any loss they may incur by reason of their issuing such guarantee.

Date

Signature of Proposer/Employer

N.B. Documents required :

- Photocopy of Letter of Approval from the Immigration Department.
- Photocopies of I/C of all Guarantors/Witnesses
- Form 24 & 49/Borang A & D/Form 9
- Cash Collateral in favour of MUI Continental Insurance Berhad

