



# UNITED MALACCA BERHAD

Reg. No. 191001000010 (1319-V)

## UNITED MALACCA UNIVERSITY SCHOLARSHIP SCHEME

### APPLICATION FORM

#### Application Procedure:

1. Please type or write clearly.
2. If parent/parents are retired, state within brackets their occupation, name and address of employer/own business before retirement. If deceased, kindly submit death certificate.
3. Attach true copies of admission letter, academic transcripts/results, birth certificate and other relevant documents such as income tax notice of assessment of parents/guardians must be attached.
4. Completed application forms should be returned by **15<sup>th</sup> July 2023** to: -

United Malacca Berhad  
6th Floor, No. 61, Jalan Melaka Raya 8,  
Taman Melaka Raya, 75000 Melaka.

Please attach  
recent  
photograph here

Name of University

Course of Study Offered by above University

Duration of course	Commencement of course (mm/yyyy)	Completion of course (mm/yyyy)

#### FINANCIAL ASSISTANCE

Year received	Loan or scholarship	Name of organization/ other sources	Amount per annum

#### SECTION A: PARTICULARS OF APPLICANT

<b>Full Name (as in IC)</b>

<b>Home address (Permanent)</b>			
.....			
.....			
<b>City/Town</b> .....	<b>State</b> .....	<b>Postcode</b> .....	
<b>House Tel</b> .....	<b>Handphone no</b> .....		
<b>Email Address</b> .....			

<b>Nationality</b>		<b>Race</b>		<b>Date of Birth</b>	
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<b>Sex</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Identity Card (New):</b>																
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<b>Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Others
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**SECTION B: ACADEMIC RECORD****SPM / "O" Level or Equivalent Examination Results**

Name of Examination			
School Name			
Year commenced		Year completed	
No	Subjects	Grade	

**STPM / "A" Level / Matriculation or Equivalent Examination Results**

Name of Examination			
School Name			
Year commenced		Year completed	
No	Subjects	Grade	

**SECTION C: OTHER QUALIFICATIONS / AWARDS**

Year	Name of Examination / Award	Grade / Award

**SECTION D: LANGUAGE PROFICIENCY LEVEL (Please indicate POOR/FAIR/FLUENT)**

Type of Language	Speak	Read	Write
Bahasa Melayu			
English			
Mandarin			
Tamil			
Other:			

**SECTION E: EXTRA-CURRICULAR ACTIVITIES**

*(Activities in school / college / university and leadership positions held)*

Year	Club / Society / Organisation	Title / Responsibility

**SECTION F: WORK EXPERIENCE (if any)**

Period	Name of Employer	Designation

**SECTION G: REASON(S) FOR APPLYING**

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**SECTION H: FAMILY BACKGROUND**

Father's name			Mother's name		
NRIC no	Age		NRIC no	Age	
Address			Address		
House Tel			House Tel		
H/p no.			H/p no.		
Occupation			Occupation		
Gross income per month			Gross income per month		
Name and address of employer / own business (if retired, state type of employment, name and address of previous employer / own business)			Name and address of employer / own business (if retired, state type of employment, name and address of previous employer / own business)		
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.....			.....		
.....			.....		
.....			.....		

**GUARDIAN (if applicable)**

<b>Guardian's name</b>		<b>NRIC no</b>		<b>Age</b>	
<b>Address</b>					
<b>House Tel</b>		<b>H/p no.</b>			
<b>Occupation</b>		<b>Gross income per month</b>			
<b>Name and address of employer / own business (if retired, state type of employment, name and address of previous employer / own business)</b>					
.....					
.....					

**PARTICULARS OF ALL BROTHERS AND SISTERS (exclude applicant)**

<b>Name</b>	<b>Relationship</b>	<b>Sex</b>	<b>Age</b>	<b>Marital status</b>	<b>Occupation (if studying, state level of education and name of school/institution)</b>	<b>Tel no (home, H/p or office)</b>	<b>Gross income per month</b>

**SECTION I: REFEREES**

***Names of two (2) referees who are known to the applicant and applicant's family for a period of not less than 3 years. Referees can be relatives or close family friends BUT not applicant's own parents, brothers / sisters or fellow students. Referees should be contactable by telephone during office hours.***

<b>Referees 1</b>		<b>Referees 2</b>	
<b>Name</b>		<b>Name</b>	
<b>Address</b>		<b>Address</b>	
<b>House Tel</b>		<b>House Tel</b>	
<b>H/p no.</b>		<b>H/p no.</b>	
<b>Occupation</b>		<b>Occupation</b>	
<b>No. of years known</b>		<b>No. of years known</b>	
<b>Relationship to applicant</b>		<b>Relationship to applicant</b>	

**SECTION J: DECLARATION**

1. Have you ever had or been treated for serious illness affecting the Nervous, Respiratory, Genito-Urinary, Gastrointestinal, Metabolic, Haemopoietic and Lymphatic Systems, Cancer, AIDS, ETC.?

No  Yes (If YES, Please give details and dates)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Have you ever been convicted of a criminal offence?

No  Yes (If YES, Please state the charges)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Do you have any relatives working with United Malacca Berhad or its Group of companies?

No  Yes (If YES, please furnish the following information)

Name \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Relationship \_\_\_\_\_

I hereby declare that the information and copies of documents provided by me in this Application Form are correct and true to the best of my knowledge. I fully understand and accept that, if it is found that a false declaration has been made on this form, the Company has the absolute right to disqualify my application.

Name: .....

I/C No.: .....

Signature: .....

Date: .....

**SECTION K: CHECK LIST TO BE COMPLETE BY APPLICANT**

Please Tick (√)

1.	Completed Application Form	
2.	Photocopy of applicant's IC / Birth Certificate	
3.	Photocopy of SPM / 'O' Level result	
4.	Photocopy of STPM / 'A' Level / Matriculation result transcript	
5.	Photocopy of University results	
6.	Letter of Offer from University	
7.	Document stating the course fee from the University	
8.	Testimonial / Awards / Academic Certificate / Extra-Curricular Docs	
9.	School Leaving Certificates	
10.	Photocopy of Guardian's Form B/BE/EA/EPF/Pension Statement etc	
11.	Sibling's pay-slip (if applicable)	

**FOR OFFICE USE**

**Date of Interview** .....

**Interview Assessment**

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**Recommended for  
Scholarship**

Yes

No

**Interviewing Panel**

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Name:  
Designation:  
Date:

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Name:  
Designation:  
Date:

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Name:  
Designation:  
Date:

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Name:  
Designation:  
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