



BORANG BUTIRAN NOTIS DAN TUNTUTAN FAEDAH PEKERJA ASING [34-PA]
PERATURAN-PERATURAN (AM) KESELAMATAN SOSIAL PEKERJA 1971
FOREIGN WORKER NOTICE AND BENEFIT CLAIM DETAILS FORM [34-PA]
EMPLOYEES' SOCIAL SECURITY (GENERAL) REGULATIONS 1971

34-PA
Pindaan 1/2025

BUTIRAN NOTIS DAN TUNTUTAN FAEDAH / DETAILS OF NOTICE AND BENEFIT CLAIM

JENIS NOTIS (Tandakan (✓) pada Notis berkaitan)
TYPE OF NOTICE (Please (✓) the relevant Notice)

☐ NOTIS KEMALANGAN
ACCIDENT NOTICE

☐ NOTIS PENYAKIT KHIDMAT
OCCUPATIONAL DISEASE
NOTICE

☐ NOTIS KEILATAN
INVALIDITY NOTICE

☐ NOTIS KEMATIAN
DEATH NOTICE

A. BUTIR-BUTIR ORANG BERINSURANS / PARTICULARS OF INSURED PERSON

A1. Nama
Name

A2. No. KSPA / KSPDA
SSFW / SSFDW No.

A3. Jantina
Gender

☐ Lelaki
Male

☐ Perempuan
Female

A4. Warganegara:
Nationality

A5. Tarikh lahir
Date of Birth

A6. No. Kad Pengenalan di Negara Asat
Identification Card No. (in Home Country)

A10. No. Pasport
Passport No.

A8. Tempoh Sah Laku Pasport
Passport Validity Period

Hingga
Until

A10. Pekerjaan :
Type of work

A9. No. Pas Kerja:
Work Pass No.:

A11. Tempoh Sah Laku Pas Kerja
Work Pass Validity Period

Hingga
Until

A12. Alamat surat menyurat:
Mailing Address

Poskod / Postcode: Negeri / State: Negara / Country:

A13. E-mel / Email: A14. No. Telefon / Telephone No:

B. BUTIR-BUTIR MAJIKAN / PARTICULARS OF EMPLOYER

B1. No. Kod Majikan
Employer Code No.

B2. Nama Perusahaan
Company Name

B3. Alamat surat menyurat:
Mailing Address

Poskod / Postcode: Negeri / State: Negara / Country:

B4. E-mel / Email: B5. No. Telefon / Telephone No:

C. BUTIR-BUTIR PENGAJIAN ORANG BERINSURANS / PARTICULARS OF THE INSURED PERSON'S EMPLOYMENT

C1. Tarikh mula pengambilan kerja
Start date of employment

C2. Tarikh pemberhentian kerja (jika terpakai)
Date of resignation (if applicable)

C3. Adakah gaji dibayar pada hari kemalangan?
Was the salary paid during the day of accident?

☐ Ya
Yes

☐ Tidak
No

1 Ruangan ini perlu diisi oleh majikan sahaja
This section must be completed by the employer

D. BUTIR-BUTIR NOTIS KEMALANGAN / PARTICULARS OF ACCIDENT NOTICE

D1. Tarikh kemalangan
Accident date

D2. Masa kemalangan
Accident time

D3. Tempat kemalangan
Place of Accident

D4. Adakah hari kemalangan hari orang berinsurans bekerja?
Did the accident occur on the insured person's work day?

D5. Bila kemalangan berlaku?
When did the accident occur?

D6. Bagaimana kemalangan berlaku?
How did the accident occur?

D7. Tujuan perjalanan pada hari kemalangan (bagi kemalangan jalan raya sahaja)
Purpose of journey on accident day (for traffic accidents only)

D8. Perihal kecederaan
Type of injury

D9. Waktu kerja bermula pada hari kemalangan
Time work starts on accident day

D10. Waktu rehat yang dibenarkan pada hari kemalangan
Time of authorized recess on accident day

D11. Waktu kerja tamat pada hari kemalangan
Time work ends on accident day

D12. Nama saksi (jika ada)
Witness Name (if applicable)

D14. No. telefon saksi
Witness telephone no.

D15. Tarikh cuti sakit bermula
Start date of medical certificate:

D16. Nama & alamat klinik yang memberikan rawatan awal
Name and address of clinic which provided initial treatment

Dokumen diperlukan / Required Documents:
1) Perakuan Perubatan
Medical Certificate (Per. 57(1))
2) Laporan Polis (bagi kemalangan jalanraya)
Police Report (for traffic accidents) (Per. 71(1))

E. BUTIR-BUTIR NOTIS PENYAKIT KHIDMAT / PARTICULARS OF OCCUPATIONAL DISEASE NOTICE

E1. Nama & alamat majikan bagi tempoh 5 tahun terakhir pekerjaan / Name and address of employer(s) for the last 5 years of employment

Bil. No.	Nama & Alamat Majikan Name & Address of Employer	Tempoh Bekerja Employment Period	Pekerjaan Type of Employment

E2. Perihal penyakit khidmat
Type of occupational disease

E3. Adakah penyakit berkaitan dengan pekerjaan?
Is the disease related to work?

E4. Sila nyatakan tugas & bagaimana orang berinsurans terdedah kepada bahaya
Please state duties and how insured person is exposed to hazard

E5. Sila jelaskan simptom/tanda yang dihadapi
Please explain symptoms/signs encountered

E6. Nama & alamat klinik yang memberikan rawatan awal
Name & address of clinic which provided initial treatment

E7. Tempoh cuti sakit (jika ada)
Period of sick leave (if applicable)

Dokumen diperlukan / Required documents:
1) Laporan Perubatan
Medical Report (Per. 68a(1))

F. BUTIR-BUTIR NOTIS KEILATAN / PARTICULARS OF INVALIDITY NOTICE

F1. Perihal keuzuran
Type of invalidity

F2. Tahun mula menghidap keuzuran
Year invalidity starts

F3. Adakah orang berinsurans masih bekerja?
Is the insured person still working?

F4. Tarikh berhenti kerja (jika terpakai)
Resignation date (if applicable)

F5. Maklumat pengambilan kerja:
Information on employment

☐ Jika orang berinsurans masih bekerja, majikan perlu lengkapkan ruangan B dan M.
If the insured foreign worker is still employed, the employer must fill in sections B and M.

Dokumen diperlukan
Required documents:
1) Laporan Perubatan
Medical Report (Per. 68A(1))

Bil No	Nama & Alamat Majikan Name & Address of Employer	Tempoh Bekerja Employment Period	Pekerjaan Type of Employment	Gaji Bulanan (RM) Monthly Salary (RM)

G. BUTIR-BUTIR NOTIS KEMATIAN / PARTICULARS OF DEATH NOTICE

G1. Tarikh kematian
Date of Death

G2. Sebab kematian
Cause of death

G3. Adakah kematian berkait dengan kemalangan?
(Jika 'Ya', lengkapkan Seksyen D : Butir-butir Notis Kemalangan)
Is the death related to an accident?
(If 'Yes', fill in Section D: Details of Accident Notice)

G4. Status orang berinsurans (pada masa kematian)
Marital status of insured Person (at time of death)

Bujang
Single

Berkahwin
Married

Berceraai
Divorced

H. BUTIR-BUTIR WARIS ATAU ORANG TANGGUGAN / DEPENDANTS' OR NEXT OF KIN DETAILS

Bil. No.	Nama Orang Tanggungan Dependants' Name	Tarikh Lahir Date of Birth	Hubungan Dengan Orang Berinsurans Relationship with Insured Person	No. Pengenal Diri Di Negara Asal Identity No. in Origin Country	Status (Bagi anak: belasan/cacat/berkahwin bagi adik: berkahwin) (for child: studying/disabled/ married for siblings: married)

Nota Penting / Important Notes:

Bagi Pekerja Asing yang sudah berkahwin:
For married Foreign Worker:

- 1) Ibu / Duda
Widow / Widower
- 2) Anak (berumur bawah 21 tahun dan tidak berkahwin)
Child (aged below 21 years old and unmarried)

Bagi Pekerja Asing yang belum berkahwin:
For unmarried Foreign Worker:

- 1) Ibu Bapa
Parents
- 2) Adik (berumur bawah 21 tahun dan tidak berkahwin)
Siblings (aged below 21 years old and unmarried)

Dokumen yang perlu disertakan dan salinan disahkan benar oleh kedutaan/konsulat/kuasa berkuasa negara asal atau yang dibenarkan oleh PERKESO:
Required documents and certified true copy by the embassy/consulate/home country authority or as permitted by PERKESO:

- 1) Sijil Kematian
Death Certificate
- 2) Pengenal diri / Sijil kelahiran
Personal identification / Birth certificate
- 3) Sijil nikah / Daftar perkahwinan
Marriage certificate / Marriage registration

M. PERAKUAN MAJIKAN / EMPLOYER'S DECLARATION

Saya memperakui bahawa sepanjang pengetahuan dan kepercayaan saya bahawa semua butiran yang dinyatakan adalah benar.
I certify that to the best of my knowledge and belief that all the details stated are true.

Tandatangan majikan / wakil majikan yang diberi kuasa : _____
Signature of employer/ authorized employer representative

Nama:
Name

Jawatan:
Position

Cop majikan / Company Stamp

Tarikh
Date

Hal Day	Bulan Month	Tahun Year
------------	----------------	---------------

N. PERAKUAN PEMOHON / CLAIMANT'S DECLARATION

N1. Nama
pemohon :
Claimant's Name

N2. No. Kad Pengenalan :
Identity Card No

N3. No. KSPA / KSPDA:
SSFW / SSFDW No

N4. No. Pasport:
Passport No.

N5. No. Pengenalan Diri di
Negara Asal :
Identify No. in Country of Origin

N6. Warganegara :
Nationality

N7. No. Telefon :
Telephone No.

N8. Alamat surat-
menyurat :
Correspondence Address

Poskod:
Postal Code/Zipcode

Negara:
Country of Residence

N9. Emel :
Email

SAYA DENGAN INI MENGESAHKAN BAHAWA
I HEREBY CERTIFY THAT:

1. *Saya, orang berinsurans dan akan memaklumkan PERKESO sekiranya saya hadir bekerja dan mendapat gaji untuk mana-mana hari dalam tempoh hilang upaya bagi tuntutan Faedah Hilang Upaya Sementara dan menuntut apa-apa jua faedah yang layak.
I, the insured person and will inform PERKESO if I attend work and receive salary for any day during my disability period for the Temporary Disablement Benefit claim and claim the eligible benefit.

2. *Saya telah menanggung perbelanjaan berjumlah RM _____ untuk pengurusan mayat orang berinsurans yang meninggal dunia dan ingin menuntut pembayaran amaun Faedah Pengurusan Mayat.
I have paid expenses amounting RM _____ for the funeral of insured person who have passed away and want to claim the Funeral Benefit amount.

Dokumen yang perlu disertakan dan disahkan benar oleh kedutaan/konsulat/ pihak berkuasa negara asal atau yang dibenarkan oleh PERKESO:

1. Sijil Kematian
2. Kad Pengenalan/Pasport/Kad Pengenalan Diri di Negara Asal
3. Resit Perbelanjaan Pengurusan Mayat (jika pemohon selaku Orang Tanggungan yang layak)

Required documents and certified true copy by the embassy/consulate/home country authority or as permitted by PERKESO:

1. Death Certificate
2. Identity Card/Passport/Identity Card in Country of Origin
3. Receipt of Funeral Expenses Paid (if claimant is other than eligible dependant)

3. *Saya adalah *orang tanggungan atau *penjaga orang tanggungan, kepada orang berinsurans yang telah meninggal dunia dan ingin menuntut apa-apa jua faedah yang layak untuk *saya atau / dan *orang tanggungan di bawah jagaan saya.
I am the *dependant or *guardian of the dependant of the deceased insured person who want to claim for eligible benefit.

4. Saya faham bahawa semua proses tuntutan faedah PERKESO hanya boleh dibuat di Malaysia dan akan memaklumkan kepada PERKESO sekiranya saya ingin pulang ke negara asal dalam tempoh satu (1) bulan sebelum perjalanan tersebut dibuat.
I understand that all PERKESO benefit claim processes can only be carried out in Malaysia, and I will inform PERKESO at least one (1) month in advance if I intend to return to my home country.

5. Saya mengaku bahawa maklumat dalam borang ini adalah betul dan benar, dan saya bersetuju melepaskan PERKESO dari sebarang tindakan undang-undang, tuntutan kerugian perbelanjaan dan kos berkaitan yang terbit dari pembayaran faedah PERKESO.
I hereby certify that all information given in this form are true and correct, and I agree to release PERKESO from any future legal proceedings, charges, losses, claims or any cost from PERKESO's benefit payment.

Tandatangan pemohon : _____
Claimant's signature

Nama:
Name

Tarikh
Date

Hal Day	Bulan Month	Tahun Year
------------	----------------	---------------

O. UNTUK KEGUNAAN PERKESO / FOR PERKESO USE ONLY

Tandatangan penerima:

Recipient Signature

Nama:

Name

Jawatan:

Position

Tarikh Notis

Date of Notice

--	--

Hari / Day

--	--

Bulan / Month

--	--	--	--

Tahun / Year

COP / STAMP
TARIKH TERIMA / DATE RECEIVED



THIS FORM IS FOR GUIDELINE PURPOSES ONLY

TYPE OF BENEFIT: DEPENDANTS' BENEFIT

APPENDIX 3

34-PA
Pindaan 1/2025

BORANG BUTIRAN NOTIS DAN TUNTUTAN FAEDAH PEKERJA ASING [34-PA]
PERATURAN-PERATURAN (AM) KESELAMATAN SOSIAL PEKERJA 1971
FOREIGN WORKER NOTICE AND BENEFIT CLAIM DETAILS FORM [34-PA]
EMPLOYEES' SOCIAL SECURITY (GENERAL) REGULATIONS 1971

TICK 'DEATH
NOTICE' BOX

BUTIRAN NOTIS DAN TUNTUTAN FAEDAH / DETAILS OF NOTICE AND BENEFIT CLAIM

JENIS NOTIS (Tandakan (✓) pada Notis berkaitan)
TYPE OF NOTICE (Please (✓) the relevant Notice)

☐ NOTIS KEMALANGAN
ACCIDENT NOTICE

☐ NOTIS PENYAKIT KHIDMAT
OCCUPATIONAL DISEASE
NOTICE

☐ NOTIS KEILATAN
INVALIDITY
NOTICE

☐ NOTIS KEMATIAN
DEATH NOTICE

A. BUTIR-BUTIR ORANG BERINSURANS / PARTICULARS OF INSURED PERSON

A1. Nama
Name

A2. No. KSPA / KSPDA
SSPW / SSPDW No.

A3. Jantina
Gender ☐ Lelaki
Male ☐ Perempuan
Female

A4. Warganegara:
Nationality

A5. Tarikh lahir
Date of Birth

A6. No. Kad Pengenalan di Negara Asal:
Identification Card No. (in Home Country)

A10. No. Pasport:
Passport No.

A8. Tempoh Sah Laku Pasport
Passport Validity Period

A10. Pekerjaan:
Type of work

A9. No. Pas Kerja:
Work Pass No.:

A11. Tempoh Sah Laku Pas Kerja
Work Pass Validity Period

A12. Alamat surat menyurat:
Mailing Address

FILL IN SECTION A.:

A1, A3, A4, A6, A10

A13. E-mel / Email: A14. No. Telefon / Telephone No:

B. BUTIR-BUTIR MAJIKAN / PARTICULARS OF EMPLOYER

B1. No. Kod Majikan
Employer Code No.

B2. Nama Perusahaan
Company Name

B3. Alamat surat menyurat:
Mailing Address

LEAVE SECTION B. BLANK

Poskod / Postcode: Negeri / State: Negara / Country:

B4. E-mel / Email: B5. No. Telefon / Telephone No:

C. BUTIR-BUTIR PENGGAJIAN ORANG BERINSURANS / PARTICULARS OF THE INSURED PERSON'S EMPLOYMENT

C1. Tarikh mula
pengambilan kerja
Start date of
employment

C2. Tarikh

LEAVE SECTION C. BLANK

C3. Adakah gaji dibayar
pada hari kemalangan?
Was the salary paid during the
day of accident?

! Ruangan ini perlu diisi oleh majikan sahaja
This section must be completed by the employer

D. BUTIR-BUTIR NOTIS KEMALANGAN / PARTICULARS OF ACCIDENT NOTICE

D1. Tarikh kemalangan
Accident date

D2. Masa kemalangan
Accident time

D3. Tempat kemalangan
Place of Accident

D4. Adakah hari kemalangan hari orang berinsurans bekerja?
Did the accident occur on the insured person's work day?

D5. Bila kemalangan berlaku?
When did the accident occur?

D6. Bagaimana kemalangan berlaku?
How did the accident occur?

D7. Tujuan perjalanan pada hari kemalangan (bagi kemalangan jalan raya sahaja)
Purpose of journey on accident day (for traffic accidents only)

D8. Perihal kecederaan
Type of injury

D9. Waktu kerja bermula pada hari kemalangan
Time work starts on accident day

D10. Waktu rehat yang dibenarkan pada hari kemalangan
Time of authorized recess on accident day

D11. Waktu kerja tamat pada hari kemalangan
Time work ends on accident day

D12. Nama saksi (jika ada)
Witness Name (if applicable)

D14. No. telefon saksi
Witness telephone no.

D15. Tarikh cuti sakit bermula
Start date of medical certificate:

D16. Nama & alamat klinik yang memberikan rawatan awal
Name and address of clinic which provided initial treatment

LEAVE SECTION D. BLANK

Dokumen diperlukan / Required Documents:
1) *Perakuan Perubatan*
Medical Certificate (Per. 57(1))
2) *Laporan Polis (bagi kemalangan jalanraya)*
Police Report (for traffic accidents) (Per. 71(1))

E. BUTIR-BUTIR NOTIS PENYAKIT KHIDMAT / PARTICULARS OF OCCUPATIONAL DISEASE NOTICE

E1. Nama & alamat majikan bagi tempoh 5 tahun terakhir pekerjaan / Name and address of employer(s) for the last 5 years of employment

Bil. No.	Nama & Alamat Majikan Name & Address of Employer	Tempoh Bekerja Employment Period	Pekerjaan Type of Employment

E2. Perihal penyakit khidmat
Type of occupational disease

E3. Adakah penyakit berkaitan dengan pekerjaan?
Is the disease related to work?

E4. Sila nyatakan tugas & bagaimana orang berinsurans terdedah kepada bahaya
Please state duties and how insured person is exposed to hazard

E5. Sila jelaskan simptom/tanda yang dihadapi
Please explain symptoms/signs encountered

E6. Nama & alamat klinik yang memberikan rawatan awal
Name & address of clinic which provided initial treatment

E7. Tempoh cuti sakit (jika ada)
Period of sick leave (if applicable)

LEAVE SECTION E. BLANK

Dokumen diperlukan / Required documents:
1) *Laporan Perubatan*
Medical Report (Per. 68a(1))

F. BUTIR-BUTIR NOTIS KEILATAN / PARTICULARS OF INVALIDITY NOTICE

F1. Perihal keuzuran
Type of invalidity

F2. Tahun mula menghidap keuzuran
Year invalidity starts

F3. Adakah orang berinsurans masih bekerja?
Is the insured person still working?

F4. Tarikh berhenti kerja (jika terpakai)
Resignation date (if applicable)

F5. Maklumat pengambilan kerja:
Information on employment

☐ Jika orang berinsurans masih bekerja, majikan perlu lengkapkan ruangan B dan M.
If the insured foreign worker is still employed, the employer must fill in sections B and M.

**Dokumen diperlukan
Required documents:**
1) Laporan Perubatan
Medical Report (Per. 68a(1))

Bil. No	Nama & Alamat Majikan Name & Address of Employer	Tempoh Bekerja Employment Period	Pekerjaan Type of Employment	Gaji Bulanan (RM) Monthly Salary (RM)
	LEAVE SECTION F. BLANK			

G. BUTIR-BUTIR NOTIS KEMATIAN / PARTICULARS OF DEATH NOTICE

G1. Tarikh kematian
Date of Death

G2. Sebab kematian
Cause of death

G3. Adakah kematian berkait dengan kemalangan?
(Jika 'Ya', lengkapkan Seksyen D : Butir-butir Notis Kemalangan)
Is the death related to an accident?
(If 'Yes', fill in Section D: Details of Accident Notice)

G4. Status orang berinsurans (pada masa kematian)
Marital status of Insured Person (at time of death)

FILL IN SECTION G.: G1 AND G4

Bejang
Single

Berkahwin
Married

Berceraai
Divorced

H. BUTIR-BUTIR WARIS ATAU ORANG TANGGUGAN / DEPENDANTS' OR NEXT OF KIN DETAILS

Bil. No.	Nama Orang Tanggungan Dependants' Name	Tarikh Lahir Date of Birth	Hubungan Dengan Orang Berinsurans Relationship with Insured Person	No. Pengenal Diri Di Negara Asal Identity No. in Origin Country	Status (Bagi anak: belajar/cacat/berkahwin bagi adik: berkahwin) (for child: studying/disabled/married for siblings: married)
FILL IN SECTION H. TABLE Examples:					
1	xxxxxxx	Dd/mm/yy	Wife	Xxxxxxx	-
2	xxxxxxx	Dd/mm/yy	Children	Xxxxxxxx	Studying

Nota Penting / Important Notes:

Bagi Pekerja Asing yang sudah berkahwin:
For married Foreign Worker:

- 1) Batu / Dada
Widow / Widower
- 2) Anak (berumur bawah 21 tahun dan tidak berkahwin)
Child (aged below 21 years old and unmarried)

Bagi Pekerja Asing yang belum berkahwin:
For unmarried Foreign Worker:

- 1) Ibu Bapa
Parents
- 2) Adik (berumur bawah 21 tahun dan tidak berkahwin)
Siblings (aged below 21 years old and unmarried)

Dokumen yang perlu disertakan dan salinan diserahkan kepada kedutaan/konsulat/dihak berkuasa negara asal atau yang dibenarkan oleh PERKESO:
Required documents and certified true copy by the embassy/consulate/home country authority or as permitted by PERKESO:

Required documents and certified true copy by the embassy/consulate/home country authority or as permitted by PERKESO:

- 1) Sijil Kematian
Death Certificate
- 2) Pengenal diri / Sijil kelahiran
Personal identification / Birth certificate
- 3) Sijil nikah / Daftar perkahwinan
Marriage certificate / Marriage registration

11. Sila tandakan (✓)
jenis bayaran :
Please tick (✓)
the type of payment

	Bayaran tempatan / Local payment
	Bayaran luar negara / Overseas payment

- ☐ Jika bayaran tempatan, sila lengkapkan Ruangan J atau K.
If the type of payment is local payment, please fill in Section J or K.
- ☐ Jika bayaran luar negara, sila lengkapkan Ruangan K atau L.
If the type of payment is overseas payment, please fill in Section K or L.

☐ Sila sertakan salinan muka hadapan buku bank akaun / penyata bank yang jelas untuk pengesahan.
Please attach a clear copy of Front Page of Bank Account Book / bank statement for verification.

J1. Nama Pemegang Akaun Bank:
Bank Account Holder's Name

[illegible]

12. Sila pilih (✓) panel bank disenaraikan di bawah sahaja.

PERKESO yang

IF PAYMENT IN MALAYSIA, FILL IN SECTION J OR K

CIMB BANK	☐	MAYBANK	☐	BANK SIMPANAN NASIONAL	☐
BANK MUAMALAT	☐	RHB BANK	☐	PUBLIC BANK	☐
HONG LEONG BANK	☐	AMBANK	☐	BANK ISLAM	☐

- J3.** No. Akaun Bank :
Bank Account No.

[illegible]

☐ Sila sertakan salinan profil akaun eWallet / penyata akaun yang jelas untuk pengesahan.

IF OVERSEAS PAYMENT, FILL IN SECTION K OR L

K1. Nama Pemegang Akaun eWallet:
eWallet Account Holder's Name

[illegible]

- K2. Nama Platform eWallet :
eWallet Platform name

[illegible]

☐ Sila sertakan salinan muka hadapan buku bank akaun / penyata bank yang jelas untuk pengesahan.
Please attach a clear copy of Front Page of Bank Account Book / bank statement for verification

L1. Nama Pemegang Akun Bank:
Bank Account Holder's Name

[illegible]

2. Nama Bank :
Bank name

[illegible]

3. **Alamat Bank :**
Bank Address

Postkod
Postal code/ZipcodeNegara
Country

- L4. Cawangan Bank :
Bank Branch

- L5. Mo. Akaun
Bank
Bank Account
No.

[illegible]

- L6. Red SwiftBIC :**
Swift code/BIC

[illegible]

17. Sila tandakan (✓) kod mandatori lain-lain (jika berkaitan):
Please tick (✓) other mandatory code (if applicable)

IFSC		BSB		SORT		CHIT SINCE		ISSUE NO.	
------	--	-----	--	------	--	------------	--	-----------	--

Butiran kod:
Code details

**FILL IN SECTION L WITH CLAIMANT'S BANK ACCOUNT DETAILS.
PLEASE ALSO ATTACH: 1) COPY OF BANK ACCOUNT
STATEMENT OR FRONT PAGE OF BANK BOOK AND 2) COPY OF
BANK ACCOUNT VERIFICATION LETTER OR LETTER FROM BANK
WHICH INCLUDE THE DETAILS REQUIRED (REFER BELOW)**

Sila lengkapkan maklumat di atas dan sertakan Surat Pengesahan Akaun Bank dari Pihak Bank yang mengandungi:

- Nama Pemegang Akun Bank
- Nomor Pengenal Diri Pemegang Akun Bank
- Nama Bank
- Alamat Bank
- Nomor Akun Bank
- Kod Swift /BIC
- Kod Mandatori lain-lain (Contoh: BSB, IBAN, IFSC)

Please fill up the details above and attach Bank Account Verification Letter from the Bank which contains:

- Bank Account Holder's Name
- Bank Account Holder's Personal Identification Number
- Bank Name
- Bank Address
- Bank Account Number
- Swift Code / BIC
- Other Mandatory Codes (Example: BSB, IBAN, IFSC)

M. PERAKUAN MAJIKAN / EMPLOYER'S DECLARATION

Saya memperakui bahawa sepanjang pengetahuan dan kepercayaan saya bahawa semua butiran yang dinyatakan adalah benar.
I certify that to the best of my knowledge and belief that all the details stated are true.

Tandatangan majikan / wakil majikan yang diberi kuasa : _____
Signature of employer / authorized employer representative

Nama:
Name

Jawatan:
Position

LEAVE M. SECTION BLANK

Cop majikan / Company Stamp

Tarikh
Date

Hari Day	Bulan Month	Tahun Year
-------------	----------------	---------------

N. PERAKUAN PEMOHON / CLAIMANT'S DECLARATION

N1. Nama pemohon : _____
Claimant's Name

N2. No. Kad Pengenalan : _____ N3. No. KSPA / KSPDA: _____
Identity Card No SSFW / SSFDW No

N4. No. Pasport: _____ N5. No. Pengenalan Diri di Negara Asal : _____
Passport No Identity No. in Country of Origin

N6. Warganegara : _____ N7. No. Telefon : _____
Nationality Telephone No.

N8. Alamat surat-menyurat : _____
Correspondence Address

Poskod: _____ Negara: _____
Postal Code/Zipcode Country of Residence

N9. Emel : _____
Email

SAYA DENGAN INI MENGESAHKAN BAHAWA
I HEREBY CERTIFY THAT:

FILL IN SECTION N WITH DETAILS OF CLAIMANT: N1, N2, N5, N6, N7, N8, N9 AND SIGN THE DECLARATION BELOW WITH NAME AND DATE OF SIGNATURE

Note: 'Claimant's name must be the same as the bank account holder details provided in this form.

- "Saya, orang berinsurans dan akan memaklumkan dalam tempoh hilang upaya bagi tuntutan /, the insured person and will inform PERKESO Disablement Benefit claim and claim the eligible to
- "Saya telah menanggung perbelanjaan berjumlah RM _____ untuk pengurusan mayat orang berinsurans yang meninggal dunia dan ingin menuntut pembayaran amaun Faedah Pengurusan Mayat.
I have paid expenses amounting RM _____ for the funeral of insured person who have passed away and want to claim the Funeral Benefit amount.

Dokumen yang perlu disertakan dan disahkan benar oleh kedutaan/konsulat/ahli berkuasa negara asal atau yang dibenarkan oleh PERKESO:

1. Sijil Kematian
2. Kad Pengenalan/Pasport/Kad Pengenalan Diri di Negara Asal
3. Resit Perbelanjaan Pengurusan Mayat (jika pemohon selain Orang Tanggungan yang layak)

Required documents and certified true copy by the embassy/consulate/home country authority or as permitted by PERKESO:

1. Death Certificate
2. Identity Card/Passport/Identity Card in Country of Origin
3. Receipt of Funeral Expenses Paid (if claimant is other than eligible dependant)

- "Saya adalah *orang tanggungan atau *penjaga orang tanggungan, kepada orang berinsurans yang telah meninggal dunia dan ingin menuntut apa-apa jua faedah yang layak untuk *saya atau / dan *orang tanggungan di bawah jagaan saya.
I am the *dependant or *guardian of the dependant of the deceased insured person who want to claim for eligible benefit.
- Saya faham bahawa semua proses tuntutan faedah PERKESO hanya boleh dibuat di Malaysia dan akan memaklumkan kepada PERKESO sekiranya saya ingin pulang ke negara asal dalam tempoh satu (1) bulan sebelum perjalanan tersebut dibuat.
I understand that all PERKESO benefit claim processes can only be carried out in Malaysia, and I will inform PERKESO at least one (1) month in advance if I intend to return to my home country.
- Saya mengaku bahawa maklumat dalam borang ini adalah betul dan benar, dan saya bersetuju melepaskan PERKESO dari sebarang tindakan undang-undang, tuntutan kerugian perbelanjaan dan kos berkaitan yang terbit dari pembayaran faedah PERKESO.
I hereby certify that all information given in this form are true and correct, and I agree to release PERKESO from any future legal proceedings, charges, losses, claims or any cost from PERKESO's benefit payment.

Tandatangan pemohon : _____
Claimant's signature

Nama:
Name

Tarikh
Date

Hari Day	Bulan Month	Tahun Year
-------------	----------------	---------------

O. UNTUK KEGUNAAN PERKESO / FOR PERKESO USE ONLY

Tandatangan penerima:

Recipient Signature

Nama:

Name

Jawatan:

Position

Tarikh Notis

Date of Notice

--	--

Hari / Day

--	--

Bulan / Month

--	--	--	--

Tahun / Year

COP / STAMP
TARIKH TERIMA / DATE RECEIVED

LEAVE SECTION O. BLANK

Note for Embassy/ High Commission/ Home Country Authority:

Kindly be informed that the Embassy/ High Commission/Home Country Authority are **ONLY** required to verify each **DEPENDANT'S SUPPORTING DOCUMENTS** with official stamp and officer signature. The Embassy/High Commission/Home Country Authority is not required to verify in any section of the "Form 34-PA / Foreign Worker Notice and Benefit Claim Details Form". Thank you.



DEPENDANT'S BANK VERIFICATION LETTER

Date: _____

To:

Social Security Organization (PERKESO)

Menara PERKESO,
281, Jalan Ampang,
50538 Kuala Lumpur, Malaysia

We hereby verify that all information given below are true and correct;

1.	Bank Account Holder's Name	
2.	Bank Account Holder's Personal Identification Number	
3.	Bank Name	
4.	Bank Account Number	
5.	SWIFT Code / BIC	
6.	Bank Address	
7	Other Mandatory Codes Required: IBAN No./IFSC Code/ Sort Code/ BSB Code/ Chips/N CC Code (If applicable based on country, state type of code and the code number)	1.
		2.

Verified By:

Bank Officer's Name: _____

Position: _____

Signature: _____

Signing Date: _____

Official Bank's Stamp/Bank Officer's Stamp



APPENDIX 2

Please refer to the list below for the Mandatory Codes required by PERKESO to process the Benefit payment:

MANDATORY CODES REQUIRED FOR OVERSEAS REMITTANCE - SEMAKAN PERKESO FOR

NO	COUNTRIES	ACCOUNT NO	SWIFT CODE / BIC	BSB CODE	IBAN NO	SORT CODE	CHIPS/N CC CODE	IFSC CODE
1	India	✓	✓					✓
2	Bangladesh	✓	✓					
3	Indonesia	✓	✓					
4	Nepal	✓	✓					
5	Myanmar	✓	✓					
6	UK	✓	✓		✓	✓		
7	US	✓	✓				✓	
8	Australia	✓	✓	✓				
9	Canada	✓	✓				✓	
10	China	✓	✓					
11	Sri Lanka	✓	✓					
12	Pakistan	✓	✓		✓			
13	Philippines	✓	✓					
14	Vietnam	✓	✓					
15	Thailand	✓	✓					
16	France	✓	✓		✓			
17	Iran	✓	✓					
18	Cambodia	✓	✓					
19	Nigeria	✓	✓					
20	Sweden	✓	✓		✓			
21	Zimbabwe	✓	✓					
22	Brazil	✓	✓		✓			
23	Brunei	✓	✓					
24	Japan	✓	✓					
25	Korea	✓	✓					
26	Iraq	✓	✓					

NOTES FOR REFERENCE

A: SWIFT/BIC/BSB/IBAN Code is a unique identification code of for a particular bank or bank branch. Your beneficiary would be able to obtain this from their respective bank. Alternatively, you may be able to search online on the beneficiary's bank website or sites that list down the codes.

- SWIFT Code (8 or 11 alphanumeric characters)
- IBAN (up to 34 alphanumeric characters) - used mainly for Europe / Middle East
- BSB (6 digits) - used for transfers to Australia
- IFSC (11 alphanumeric characters) - used for transfers to India
- FED WIRE (9 digits) - used for transfers to United States
- SORT Code (6 digits) - used for transfers to United Kingdom

A SWIFT (Society for Worldwide Interbank Financial Telecommunications) code is an international bank code that SWIFT codes and BIC codes are the same thing and the terms are interchangeable. Other terms used by banks or -CHIPS (Clearing House Inter-Bank Payment System) - US and Canada only

Example:

- If the bank is from Bangladesh, the Mandatory Codes required is the Bank Account No. and Swift Code only.



CHECKLIST FOR THE SUPPORTING DOCUMENTS REQUIRED FOR THE PERKESO DEPENDANTS' BENEFIT APPLICATION

Please see below the supporting documents required by PERKESO to process the PERKESO Dependants' Benefit Application based on the two different scenarios:

Scenario 1

If the foreign worker was not married and has left behind a father/mother/siblings

1. **Copy Of Foreign Worker's Birth Certificate**
2. **Copy Of Mother's Identification Document**
If the Mother has passed away, please provide copy of death certificate.
3. **Copy of Father's Identification Document**
If the Father has passed away please provide copy of death certificate.
4. **Copy Of Sibling(s) Birth Certificate**
5. **'Bank Verification Letter (refer to *Appendix 1* for template of letter)' or Official Letter Issued By The Bank which must contain:**
 - Bank Account Holder's Name
 - Bank Account Holder's Identification No.
 - Bank Name
 - Bank Address
 - Bank Account No.
 - Mandatory Codes Required Based On Country: Refer to *Appendix 2*
6. **Copy of the Front Page of the Bank Book or Copy of Bank Statement**
Containing Bank Account Holder's Name, Identification No. and Bank Account No.
7. **Copy of the 'PERKESO Foreign Worker Notice And Benefit Claim Details Form [34-PA] Employees' Social Security (General) Regulation 1971' completed by the dependants – Refer *Appendix 3* for guideline to fill in this form**

Important Notes:

- Supporting documents must be in English.
- All dependant's supporting documents must be verified through **official stamp and officer's signature** by the Embassy/High Commission/Home Country Authority.
- It is mandatory to state dependant's active email address and phone number (including country code) in the PERKESO Claim Form for payment notification purposes.

Additional Notes:

- PERKESO can only transfer to individual bank accounts (e.g. joint bank accounts are not acceptable)
- If the dependant is 18 years old or below and is under the care of a legal guardian, please provide proof of guardianship to PERKESO for further review.
- If both parents and siblings have passed away and the foreign worker has left behind grandparents, benefit may be paid to grandparents based on supporting documents submitted to PERKESO.



Scenario 2

If the foreign worker was married and has left behind a widow/widower/children

1. **Copy Of Marriage Certificate Document**
2. **Copy of Widow/Widower's Identification Document**
If the Widow/Widower has passed away, provide copy of death certificate.
3. **Copy Of Children(s) Birth Certificate Document**
4. **'Bank Verification Letter (refer to *Appendix 1* for template of letter)' or Official Letter Issued By The Bank which must contain:**
 - Bank Account Holder's Name
 - Bank Account Holder's ID No.
 - Bank Name
 - Bank Address
 - Bank Account No.
 - Mandatory Code Required Based On Country: Refer to *Appendix 2*
5. **Copy of the Front Page of the Bank Book or Copy of Bank Account Statement**
Containing Bank Account Holder's Name, Identification No. and Bank Account No.
6. **Copy of the 'PERKESO Foreign Worker Notice And Benefit Claim Details Form [34-PA] Employees' Social Security (General) Regulation 1971' completed by the dependants – Refer *Appendix 3* for guideline to fill in this form**

Important Notes:

- Supporting documents must be in English.
- All supporting documents above must be verified through **official stamp and officer's signature** by the Embassy/High Commission/ Home Country Authority.
- It is mandatory to state dependant's active email address and phone number (including country code) in the PERKESO Claim Form for payment notification purposes.

Additional Notes:

- PERKESO can only transfer to individual bank accounts (e.g. joint bank accounts are not acceptable)
- If the dependant is 18 years old or below and is under the care of a legal guardian, please provide proof of guardianship to PERKESO for further review.