



APPLICATION FORM FOR COMPASSIONATE REASON VISIT PASS

Date of Application:

A. POINT OF ENTRY

- BANGUNAN SULTAN ISKANDAR, JOHOR
 KOMPLEKS SULTAN ABU BAKAR, JOHOR
 KUALA LUMPUR INTERNATIONAL AIRPORT

B. TRAVELLER(S) DETAILS

➤ TRAVELLER 1

- NAME: _____
- IC NO./PASSPORT NO.: _____
- NATIONALITY: _____
- RELATIONSHIP WITH THE DECEASED / CRITICAL ILL FAMILY MEMBER: _____
- CONTACT NO. & EMAIL: _____

➤ TRAVELLER 2

- NAME: _____
- IC NO./PASSPORT NO.: _____
- NATIONALITY: _____
- RELATIONSHIP WITH THE DECEASED / CRITICAL ILL FAMILY MEMBER: _____
- CONTACT NO. & EMAIL: _____

C. DETAIL OF VISIT (CHOOSE ONE)

- DEATH OF FAMILY MEMBERS
- ❖ Death certificate (present)
 - ❖ Document to prove familial connection
 - ❖ Other document _____ (please specify the document)
 - ❖ Address for the visit: _____
 - ❖ Date and time of the visit : _____

- VISITING CRITICAL ILL FAMILY MEMBERS
- ❖ Document to prove familial connection
 - ❖ Other document _____ (please specify the document)
 - ❖ Address for the visit: _____
 - _____
 - ❖ Date and time of the visit : _____

FOR HEALTH STATE DIRECTOR

D. RTK Ag RESULT

- Positive
 Negative

Approved by:E. STATUS OF APPLICATION

- Approved
 Not Approved