



MEMO FOR STUDENT/DEPENDENT PASS FEES

TO: CASHIER COUNTER
 CASH MANAGEMENT DIVISION
 BURSARY OFFICE
 UNIVERSITY OF MALAYA

A. STUDENT'S DETAILS *(Capital Letter)*

- 1. Full Name : _____
- 2. Passport No. : _____ 3. Matric No : _____
- 4. Contact No. : _____
- 5. Email : _____
- 6. Description

<input type="checkbox"/> New Student Pass	<input type="checkbox"/> New Dependent Pass
<input type="checkbox"/> Extension of Student Pass	<input type="checkbox"/> Extension Dependent Pass
<input type="checkbox"/> Shorten / Cancellation of Pass	<input type="checkbox"/> Transfer Sticker / Endorsement
<input type="checkbox"/> Special Pass	
<input type="checkbox"/> Others (please specify) : _____	

STUDENT'S SIGNATURE

DATE

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B. FOR OFFICE USE

ACCOUNT NO. : UM.0000095/KWJ.AK (Tabung Unit Visa)

NOTE : _____

RECEIVED BY

DATE

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PROCEDURE FOR MAKING PAYMENT FOR VISA APPLICATION

