

FOR OFFICIAL USE
CASH/CARD:
FEE PAYABLE:
RECEIPT NO:
DATE:
SIGNATURE:

## IMPORTANT NOTICES

- 1. This form, when completed, should be forwarded to the ONE STOP CENTER, CAAM.
- 2. The payment details can be found in CAGM 1001 FCL.

**SECTION 1: PERSONAL PARTICULAR OF APPLICANT** 

NAME:	
ADDRESS:	
CONTACT NO:	NRIC OR PASSPORT NO:
LICENCE NO:	NATIONALITY:
EMAIL:	
SECTION 2: DETAILS	
SUBJECT	FEES (RM)
DOCUMENT SEARCH	100.00
PHOTO REPLACEMENT & UPDATING OF DETAILS	50.00
REISSUE LOST OR DAMAGED LICENCE	250.00
REVIEW OF LOCAL PAPER EXAMINATIONS	30.00
OTHERS (please specify):	
TOTAL	
SIGNATURE:	DATE: