EMPLOYER'S CODE NUMBER / MyCoID

FORM SIP 2 – EMPLOYEE'S REGISTRATION

A. EMPLOYEE'S DETAIL

Type of Identity Card (1)	Identity Card No. (2)	Name of Employee (as in Identity Card) (4)	Gender (M/F) (5)	Race (6)	Employment Commencement date (7)	Occupation (8)	Please tick (/) if employees' wages exceed RM4,000.00 per month (9)
	(3) Date of Birth				Day Month Year		
	Date of Birth				Day Month Year		
	Date of Birth				Day Month Year		
	Date of Birth				Day Month Year		
	Date of Birth				Day Month Year		
	Date of Birth				Day Month Year		
	Date of Birth				Day Month Year		
	Date of Birth				Day Month Year		
	Date of Birth				Day Month Year		
	Date of Birth				Day Month Year		

B. CONFIRMATION OF EMPLOYER / EMPLOYER'S REPRESENTATIVE

I hereby certify that no employee of this industry as specified in section 16 of the Act has been left out from the above list.

Signature: _____

Date :

Employer's Name/ Employer's Representative Name:

Name of Industry:

NRRIC. No.:   Designation:

Office Telephone No./ Mobile No.:   Fax No.:   E-mail

Not signature is required if the submission of the form is via electronic medium subject to verification by SOCSO