# INSTITUT PENGAJIAN SISWAZAH

## INSTITUTE OF POSTGRADUATE STUDIES

**IPS/HEP - 07**

**PENUKARAN ALAMAT**

***CHANGE OF ADDRESS***

1. Nama (dalam huruf besar) :

 *Name (In capital)*

2. No. Kad Pintar :

 *Smart Card No.*

3. Nombor Kad Pengenalan :

 *Passport @ I/C No*

4. **Butir-butir Alamat Tetap**

***Permanent Address***

 Negeri :

 *State*

 Poskod : No. Telefon :

 *Postcode Telephone No*

5. **Alamat Surat Menyurat**

 ***Correspondence Address***

 Negeri :

 *State*

 Poskod : No. Telefon :

 *Postcode*  *Telephone No.*

 Tarikh : Tandatangan :

 *Date Signature*

# Untuk Kegunaan Pejabat/For Office Use

 Tindakan Unit Rekod (OMPD)

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 Tandatangan Tarikh