# 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