Additional document						
Copy of Covid-19						
Vaccination						
certificate/card						

F-PHL-03-01 (V1.0) Appendix (ii)



MAJLIS BANDARAYA KUCHING SELATAN COUNCIL OF THE CITY OF KUCHING SOUTH

APPLICATION FOR MARKET/HAWKER STALL LICENCE

(This form is distributed free of charge)



(1111	s form is distributed free of Grange)	
Important Instruction:-		(FOR OFFICE USE ONLY)
You are advised to read the instruction very car truthfully. Hand this form when completed into Kuching Selatan <u>YOURSELF</u> . Bring with it the long the secondary of the responding documents.	daraya	
Please include one (1) passport size photo, Certificate	•	
This application will be cancelled if you give false changes of or any of the other information on this fapplication is cancelled and you shall be prosecuted. Application for	orm. If you are found to give false information for giving false information under the Penal C	n, your ode.
• •		
1. Full Name NRIC No. (Old) Race Sex Tel. No. (House) Personal Income Tax Ref. No. 2. Home Address Full Postal Address	(Age) (Age) (Nate of Birth (Nate of	Photo I.C. Birth Certificate eas)
3. Do you live in a rented cubicle/house? If Yes, state rental per month inclusive light/wat (submit rental receipts/electric and water bills).		
4. Marital Status	[] Single [] Married [] Widower	Date
5. What is your present occupation?	······································	····· Received:·····
6. What were your previous occupation?	How long?	,

Effective Date: 2 January 2014

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7.	How many members of your family are working? a)			c)				
8.	Do you own any property (land/shophouses/business)? Where? (submit title deeds, lease, etc., - if available)			_] Yes	7 []		
9.	Do you have any other source of inco	ome		[] Yes	[] N	lo	
10.		any members of your family especially your next-of-kin(s) hold a valid licence issued by the Counce Yes, who						
11.	Give below any other reason to be co	nsidered in	support of	your application				
	1	·						
12.	Give details of family depending on you	j						
	Name	Sex	Age	Relationship to	D .	Occupation	Birth Certificates	
				Applicant			or I.C.	
	4.2							
lotes:	For children attending schools, please	suhmit doci	ımentary e	evidence such as	s school f	ees receints (if ava	ilable)	
	, , , , , , , , , , , , , , , , , , ,		-					
	I declare that the information given in circumstances. I understand that I shal						any changes in these	
	Further, if I am wrongfully awarded a lic	ence, it sha	ll be revok	ed without notice	e.			
	Date:					-		
	Date					(Signat	ture of Applicant)	

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