

CIDB Holdings Sdn Bhd(CIDB)
Putra World Trade Centre,
45, Jalan Tun Ismail, Chow Kit,
50350 Kuala Lumpur,
Wilayah Persekutuan Kuala Lumpur
Malaysia

Reference No:

LETTER OF UNDERTAKING

To: CIDB Holdings Sdn Bhd

Date: _____

Worker's Name / Dependant Name: _____

Passport Number: _____ Country of Origin: _____

Worker Identification Number: _____

Correspondence Address: _____

Telephone Number: (H): _____

(H/P): _____

I declare that in the event I should be diagnosed with any condition that does not require my removal from the country but requires medical treatment and I choose to remain in Malaysia to continue my studies I will bear any and all costs relating directly or indirectly towards the medical management of my medical condition.

I confirm that CIDB shall not be responsible in any manner or whatsoever, arising out of CIDB certification of my medical status as suitable to work or reside in Malaysia despite the medical condition described above. I further undertake to hold CIDB harmless from any loss or liability arising from this decision and agree to indemnify and keep CIDB from any loss or liability arising from this decision.

Signature:

Name: