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FORM 5  
[regulation 11 ]

VETERINARY SURGEONS ACT 1974

VETERINARY SURGEONS (REGISTRATION OF VETERINARY SURGEONS AND THE PRACTICE OF  
VETERINARY MEDICINE) REGULATIONS 2013

**APPLICATION FOR TEMPORARY PERMIT TO PRACTISE**

*(To be completed by the Applicant in BLOCK LETTERS)*

1. Name of Applicant : .....

2. Sex :  Male  Female

3. Date of Birth: .....

4. Identity Card No. / Passport No. : .....

5. Residential Address: .....

.....

.....

6. Correspondence address *(if different from residential address)*: .....

.....

.....

7. Telephone No. : ..... (House) ..... (Office)

..... (Mobile)

8. Fax No. : .....

9. Email Address : .....

**PARTICULARS OF QUALIFICATION**

1. Country in which qualification is granted : .....

2. Institutions granting qualification : .....

3. Description of qualification : .....

4. Date of qualification : .....

**REGISTRATION IN OTHER COUNTRIES *(if applicable)***

Registered as a veterinary surgeon by *(state the country, name of the registration  
board)*.....

.....

Date of registered: ..... Registration No. : .....

Other Professional Qualifications : .....

Training/Affiliation: .....

**PURPOSE OF APPLYING AND DURATION OF PRACTISE APPLIED**

Purpose:

.....  
.....

Duration of practise applied for (not exceeding six months) : .....

**DECLARATION OF APPLICANT**

I, hereby attach the original copy of the letter of good professional standing from the Veterinary Council of origin country where I practiced and the copy of the following documents certified by a commissioner of oath or President/ Registrar/ Secretary of the Malaysian Veterinary Council or any public servant from Professional and Management Group or advocate and solicitor:

- (a) the certificate of qualification;
- (b) the certificate of registration as a veterinary surgeon where the qualification was granted (*if applicable*);
- (c) the identity card/passport; and
- (d) any other relevant documents which the Council may request.

I, declare that:

- (a) I am currently practicing as a veterinary surgeon under the name of ..... (*state the name of the practise*) in ..... (*state the name of country*) and hold the title/position of ..... from/since .....  
.....  
(*state the date(s)*)

(b) My presence in Malaysia is under the sponsorship of .....  
.....  
.....  
.....  
*(state the name and address of the sponsor)*

(c) I am required to be in Malaysia for ..... days in one calendar year which is considered necessary in connection with the proposed project or activity for which I am being considered, this being: .....  
..... *(state the name and description of the project or activity)* and my position will be as .....

(d) The anticipated date when I am required to be in Malaysia is ..... and the expected date of my departure is .....

My contact address, fax number, telephone number and email in Malaysia are as follows:

(1) Address: .....  
.....  
.....  
.....

(2) Telephone No. : ..... (House)..... (Mobile)..... (Office)

(3) Fax No. : ..... (4) Email Address : .....

I, further declare that the above information provided are true and I accept the condition that should my application be approved, I shall be bound by the conditions and restrictions that are stipulated in respect of the temporary permit to practise as follows:

(a) My professional activities shall be limited on the approved premise/scope/project/activity for which my presence in Malaysia is considered to be essential;

(b) While I am in Malaysia, I shall not receive, process or undertake any enquiry or project, beyond those activities directly related to the approved premise of veterinary practise of my sponsor; and

(c) I shall be bound by all the requirements under the Veterinary Surgeons Act 1974 [Act 147], its regulations, circulars or guidelines issued hereto including the Guidelines of Professional Conduct and Ethics for Veterinary Surgeons set out by the Malaysian Veterinary Council.

Signature of Applicant : .....

Date : .....

Signature of Sponsor (*if applicable*) :

Name of Sponsor :

Designation :

Date :

Malaysian Veterinary Council Registration No. :

Annual Practising Certificate No. and Date of Validity:

*Note: If the application is approved, there shall be accompanied with the appropriate payment in cash/money order/bank draft/ bankers cheque made payable to "Malaysian Veterinary Council".*