GUIDELINE ON HOW TO COMPLETE FORM 1 (EMPLOYER REGISTRATION FORM) UNDER THE PSMB ACT 2001

ATTENTION:

i. Complete **FORM 1**
ii. Only use **CAPITAL LETTERS**
iii. Write **CLEARLY**
iv. Fill one letter or number per box and leave one empty box between each word and number. If space is insufficient, please use short-forms as follows:

COMPANY	**– CO**	**LIMITED**	**– LTD**
SENDIRIAN	**– SDN**	**SYARIKAT**	**– SYKT**
BERHAD	**– BHD**		

REQUIRED SUPPORTING DOCUMENTS:-

i. **Form 9** : Certificate of Incorporation of Public Company with the Companies Commission of Malaysia (CCM)
ii. **Form 24** : Statement of Paid-up Capital
iii. **Form 49** : Statement of Shareholders
iv. **Form B** : Registration Certificate of Private Higher Education 1996 (for IPTS Registration only)
v. **EPF Statement**
vi. **Latest Company Profile / Annual Report / Financial Statement**

PART A – EMPLOYER STATEMENT

1. **EMPLOYER'S NAME** (the Company's registered name, for example: ABC Food Manufacturing (M) Sdn Bhd). Write the full name of the company. If the name is too long, use short-forms as follows:

COMPANY	**– CO**	**LIMITED**	**– LTD**
SENDIRIAN	**– SDN**	**SYARIKAT**	**– SYKT**
BERHAD	**– BHD**		

Example:

A	B	C		F	O	O	D		M	A	N	U	F	A	C	T	U	R	I	N	G		
(	M	)		S	D	N		B	H	D														

2. **CORRESPONDENCE ADDRESS** :

State the LETTER BOX No. (Post Office), and POSTAL CODE. If the address is too long, use short-forms as follow:

JALAN	**– JLN**	**BATU**	**– BT**
LORONG	**– LRG**	**BUKIT**	**– BKT**
KAMPUNG	**– KPG**	**TAMAN**	**– TMN**

3. (a) **TELEPHONE NUMBER**

State contact number as follows:

Example: If the contact number is 03-2096 4800, please write:

	0	3	2	0	9	6	4	8	0	0

(b) **FACSIMILE NUMBER**

State facsimile number as follows:

Example: If the fax number is 03-2096 4999, please write:

	0	3	2	0	9	6	4	9	9	9

(c) **EMAIL ADDRESS** (State the company's email address clearly)

4. (a) **EMPLOYER'S REGISTRATION NUMBER**

For example **123456X**, please write as follows:

1	2	3	4	5	6	X							

Please attach a copy of Certificate of Registration of Business or Certificate of Incorporation of Private Company.

(b) **BUSINESS ENTITY**

Example: Private Limited Company

i. Pemilik Tunggal *Sole Proprietorship*	☐	**ii. Perkongsian** *Partnership*	☐	**iii. Sendirian Berhad** *Private Limited*	☑
iv. Berhad *Limited*	☐	**v. Lain-lain (Sila Nyatakan)** *Others (Please State)*			

(c) **BUSINESS ADDRESS**

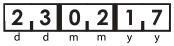
If both the name and address of the company/enterprise are the same as (1) and (2), please write "Same As Above".

If the name and address of the company/enterprise are not the same as (1) and (2), please complete the boxes provided.

(d) **OPERATION DATE**

Specify the date of company's commencement (being the date of commencement of operations)

Example : 23 Februari 2017



(e) **TYPE OF INDUSTRY**

Please specify product/services offered (as per the Principal Activity(ies)) stated in Annual Return, Company Profile and/or Audited Financial Statement.

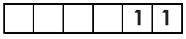
5. **EMPLOYER'S EPF NO.**

Please fill in Company's EPF registration number .

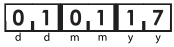
6. **EMPLOYER'S SOCSO NO.**

Please fill in Company's SOCSO registration number

7. (a) The employer must state the number of current **Malaysian employees** according to the date of filling up this form. For example, if at the date of signature on this form is **01.01.2017**, the employer has **11 employees**, please state 11 in the column.



(b) Please indicate the date the employer reaches the number of employees as defined under the First Schedule of the PSMB Act 2001.
For example, if the employer has a workforce of 10 local employees or more in **January 2017**, please state 01.01.17 as indicated in the relevant column:



8. (a) Please indicate the total number of employees in the previous month. For example, if this form is signed in **January 2017**, the number of workers in **item 8 (a)** should indicate the number of employees for the month of **December 2016**. If in December 2016, the employer has **12 employees**, please state 12 in the relevant column:

				1	2

(b) The total amount of wages paid to employees in the past month is the same as the Example in **item 8 (a)**, December 2016. If the total amount of wages paid is RM34, 567.89 please state the amount in the column provided:

RM									SEN	
				3	4	5	6	7	8	9

9. These details are mandatory to be completed by employers who employ a minimum of five (5) to nine (9) local employees. Employers who are not eligible to register with HRDF are given the **OPTION** to register with PSMB. If an employer under any of the 63 sub-sectors within the Services, Manufacturing, and Mining and Quarrying sectors chooses to register with HRDF, the liability date of its registration with PSMB and levy payment is at the rate of 0.5 per cent of the total monthly wages of its local employees.

10. Please **write down the date of Form 1 is signed**, **accompanied by the official Company stamp**, and **other relevant details available in the identity card of the signatory representing the Company**.

Reminder: Form 1 must be signed by at least a Senior Executive of the Company.

PLEASE MAIL THIS FORM AND RELATED DOCUMENTS TO:-

CHIEF EXECUTIVE
PEMBANGUNAN SUMBER MANUSIA BERHAD (PSMB)
WISMA HRDF, JALAN BERINGIN,
DAMANSARA HEIGHTS
50490 KUALA LUMPUR
(ATTN: EMPLOYER REGISTRATION DEPARTMENT
/ JABATAN PENDAFTARAN MAJIKAN)