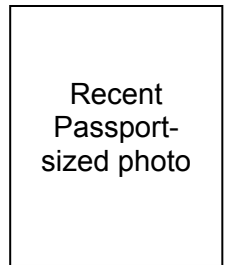


MAJLIS OPTIK MALAYSIA

Application To Sit For The Professional Qualifying Assessment
For Registration Of Optometrists Under Section 19(2) Optical Act 1991



- 1. Full Name of Applicant:
2. Citizenship status:
3. Date of Birth :
4. (a) Residential Address:
(b) Postal Address:
5. Particular of Qualification:
6. Marital status: Single / Married / Divorced*
7. Contact Information:
8. Payment Details: I include the following Bank Draft payable to Association of Malaysian Optometrists (account no.: 0141 7812 8124) ;

Date

Signature of applicant