

**APPEAL FORM**

Date :

To : **The Appeal Committee  
FOMEMA Sdn. Bhd.**

Employer :

Correspondence Address :

Tel No : (H) (O)  
(H/P) (Fax)Name of Employee (*Foreign Worker*) :

Worker's Code :

Worker's Passport no. :

Country of Origin :

I \_\_\_\_\_, the employer of the above-mentioned employee who has been certified unsuitable for employment after undergoing a medical examination at Clinic \_\_\_\_\_ due to the following reasons

\_\_\_\_\_

I would like to request for a second medical examination to be conducted by the initial examining doctor.

I acknowledge that the decision of the Appeal Committee of FOMEMA Sdn Bhd shall be final and agree unreservedly to abide by it. I undertake to hold FOMEMA Sdn Bhd harmless from any loss or liability arising from this appeal including amongst other things like the spread of any infectious/communicable diseases by the said employee and further agree to indemnify and keep FOMEMA Sdn Bhd and /or its directors, shareholders and employees indemnified from any loss or liability arising from this appeal.

I undertake to bear any and all cost of this appeal and acknowledge that this appeal process may take up to four (4) weeks from the time of its submission.

\_\_\_\_\_  
Authorized signature

Name : \_\_\_\_\_

NRIC : \_\_\_\_\_

Employer's Stamp (For Company only): \_\_\_\_\_

*(This form is to be filled up by the registered employer and verified by examining doctor. The filled-up form is to be faxed or emailed to FOMEMA. Fax No: 03-27828773 / 03-27828774 Email: appeal@fomema.com.my)*