

Education Malaysia Global Services

20th Floor, Menara TA One

22, Jalan P. Ramlee

50250 Kuala Lumpur

Reference No:

LETTER OF UNDERTAKING

To: Education Malaysia Global Services

Date: _____

Student Name / Dependant Name: _____

Passport Number: _____ Country of Origin: _____

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

Signature:

Name: