THE MALAYSIAN INSURANCE INSTITUTE

Information Searching Assistance Form

Request No:

To provide the best service for our customers and gain a better understanding of your request, please help us by completing each of the required information. We will response to your request as quickly as we can and the completion time is subject to the complexity of the information being sought.

APPLICANT DETAILS	
Name	
I/C number	
Contact Number	
Email	
Date	

Please state what information you require in as much detail as possible.

FOR OFFICE USE		
Date received:	**Action taken by:**	**Comments:**
Date completed:		