

**SCHEDULE I  
FORM 1  
[ Rule 4(1) ]**

**APPLICATION FOR ALIENATION OF STATE LAND  
(Section 76 National Land Code)**

No: ..... of ..... District: .....

State : .....

Received by me this ..... (day) ..... (month) ..... (year)  
time .....am/pm.

.....  
Land Administrator

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Name: .....

Address: .....

Date: .....

Land Administrator,

District: .....

Sir,

I/We of the above name and address wish to apply for alienation of State Land and I/We undertake to abide by all conditions which will be imposed under the Rules and Regulations of the National Land Code.

2. The purpose of this application is for:-  
.....  
.....

3. The description of land applied for are as follows:-

(a) Portion No/Lot No. (if any): .....

(b) Town/Mukim of: ..... District of: .....

(c) Locality: .....

(d) Area of Land applied: ..... hectare/square meters.

I/We hold..... hectare/square meters in the State of Penang under:-

State of Penang	District	Town/Village/ Mukim	Type of Title	Title No/ TOL No.	Area	Use of Land

Herewith I/We submit the following:-

- (a) An application fee of RM.....;
- (b) ..... copies of plan showing the land applied for;
- (c) .....(others)

Detailed particulars of applicant/applicants are as follows:-

**FULL PARTICULARS OF APPLICANT**

**(A) Individual applicant**

No.	Particulars	Applicant	Husband/Wife
1.	Name:		
2.	NRIC No:		
3.	Address:		
4.	Age:		
5.	Race:		
6.	Citizenship/Certificate No:		
7.	Occupation:		
8.	Income (per month)		
9.	Dependents:		
10.	Others:		

OR

**(B) Application from Corporation (Company, Statutory Bodies, Cooperatives and Others)**

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No.                      Particulars

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1. Name of Corporation:
2. No. and Date of Registration/Act Constitute:
3. Director/Shareholders:

	<b>Name</b>	<b>Citizenship</b>	<b>Occupation</b>
a.			
b.			
c.			
d.			
e.			
f.			

4. Capital:
  - i.     Authorised : .....
  - ii.   Paid up    : .....
5. Activity : .....
6. Attach a copy of Form 49 and 24 (ROC)

OR

**(C) Application from other Bodies**

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No.	Particulars
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1. Name of Body:
2. No. and Date of Registration:
3. Name of Committee Members:

Name	Post-held
a.	
b.	
c.	
d.	

4. No of members:
5. Attach a copy of Article of Association and Constitution

**Declaration:**

I/We affirm that all information and particulars given above are true and correct. I/We understand that if they are found to be false, my/our application shall be rejected without any explanation.

Date: .....

.....  
Signature  
(Thumb Print)

.....  
(Name of Witness)