



Guest Lecturer's information Sheet

A. PERSONAL INFORMATION

| | | | | | |
|------------------------------------|---|-------|-----------------------|--------------------------------|-------|
| Name | : | _____ | | (Please attach 1 x 1 photo) | |
| (First, Middle, Last Name, Suffix) | | | | | |
| City Address: | : | _____ | | | |
| Provincial Address | : | _____ | | | |
| Rank | : | _____ | Telephone No | : | _____ |
| Nickname | : | _____ | Mobile No. | : | _____ |
| Birth Date | : | _____ | E-mail Address | : | _____ |
| Birth Place | : | _____ | SSS No. | : | _____ |
| Gender | : | _____ | TIN No. | : | _____ |
| Civil Status | : | _____ | PAG-IBIG No. | : | _____ |
| Citizenship | : | _____ | Philhealth No. | : | _____ |

B. EDUCATIONAL BACKGROUND

| | | |
|------------------------|---|-------|
| License | : | _____ |
| Date Issued | : | _____ |
| Issued by | : | _____ |
| Course/Degree | : | _____ |
| School | : | _____ |
| Date Graduated | : | _____ |
| Awards Received | : | _____ |

C. LEGAL DEPENDENTS

| <u>NAME</u> | <u>RELATIONSHIP</u> | <u>BIRTH DATE</u> | <u>ADDRESS</u> |
|-------------|---------------------|-------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Contact person in case of emergency:

| | | |
|-------------|---------------------|--------------------|
| _____ | _____ | _____ |
| <u>NAME</u> | <u>RELATIONSHIP</u> | <u>CONTACT NO.</u> |

D. EMPLOYMENT INFORMATION (List down the vessel assignment or work experience for past three (3) years)

| <u>RANK/POSITION HELD</u> | <u>VESSEL NAME / COMPANY</u> | <u>VESSEL TYPE</u> | <u>INCLUSIVE DATES</u> |
|---------------------------|------------------------------|--------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Date started with NYK-Fil/TDG : _____

Awards Received : _____

E. SEMINARS/TRAINING COURSES ATTENDED (IMO 6.09, 3.12 & 6.10)

| <u>TITLE OF SEMINAR/TRAINING</u> | <u>ISSUE DATE</u> | <u>ISSUING AUTHORITY</u> |
|----------------------------------|-------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I also understand that any misrepresentation will be considered reason for withdrawal of an offer and/or termination of Service Contract.

Signature over printed name

Date: