

Application Form
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PERSONAL INFORMATION
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Candidate's Name: WSCANDIDATE1	NRIC: nric
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Date of Birth: 27-06-1991	Gender: MA
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Age: 25	Place of Birth: birthPlace
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Education: B.Arch	Marital Status: MA
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Annual Income: 1200000	Work Experience: 5 Years
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Address : address ,address1 , address2
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Postal Code: 391110	Mobile Number: 0000000000
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Email Address: eMailId
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FAMILY INFORMATION		
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Name: Mason Papa	Unit: ABC	Possition: Manager
Relationship : Father	Occupation : ABC	Phone : 000000000

## WORK EXPERIENCE

Start Date: 06-06-2015

End Date: 06-06-2015

Witness: ABC

Unit : ABC

Occupation : ABC

Witness Contact Number :  
000000000

Income : 000000000

Position : Manager

## EDUCATION

Start Date: 06-06-2015

End Date: 06-06-2015

Witness : ABC

Education : ABC

Education Level : ABC

School : Manager

Witness Contact Number : 000000000

PERSONAL CERTIFICATION

Certificate Name: ABC

Chrater Agency: ABC

Charter Date : 06-06-2015

E-singnature

Branch : ABC

Servicing Department : ABC

City : ABC

Agent Code : 0000

Presently attached with another insurance Company ? Yes No

Presently in contact with any other AIA'S servicing Department ? Yes No

Taken LOMBRA occupational test or PSP test in the past ? If Yes, Yes No

Please provide the result.

Applicant's Declaration

Application Date  
06-06-2015

Applicant/Candidate Name :  
ABC

E-Signature :

