

## DECLARATION FORM

FULL NAME AS IN NRIC / FIN / PASSPORT
Full Name
NRIC / FIN No / Passport
Position / Role

DECLARATION	YES / NO
1. Have you suffered, or are suffering from any medical condition, illness, disease, mental illness, substance dependence (ie alcohol/drug etc) or physical impairment?	<input type="checkbox"/> <input type="checkbox"/>
2. Have you ever been dismissed, suspended or asked to resign by any previous employers?	<input type="checkbox"/> <input type="checkbox"/>
3. Have you ever been convicted in a court of law in any country (other than traffic violations)?	<input type="checkbox"/> <input type="checkbox"/>
4. Have you ever been detained by the police or any government officers (other than traffic violations)?	<input type="checkbox"/> <input type="checkbox"/>
5. Have you been a subject of or likely to be involved in any litigation, disciplinary, enquiry, investigation or similar proceeding or event?	<input type="checkbox"/> <input type="checkbox"/>
6. Have you ever been declared as a bankrupt?	<input type="checkbox"/> <input type="checkbox"/>
7. Do you have any relatives/friends currently employed by Crédit Agricole group of companies?	<input type="checkbox"/> <input type="checkbox"/>
8. Have you ever applied for any post with Crédit Agricole group of companies?	<input type="checkbox"/> <input type="checkbox"/>

Please provide details if your answer is "Yes" to any of the above questions

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I declare that the statements contained in this form are true to the best of my knowledge and belief and that I have not wilfully suppressed any material fact(s).

I also authorise CACIB to submit the said information to any person, firm, corporation, body, bureau, department, police or government authority for the purpose of any investigation which CACIB may desire to make thereto. Further, pursuant to the Personal Data Protection Act (PDPA), I freely consent to the collection, usage and/or disclosure of the information for purposes set out in CACIB's Personal Information Collection Statement Pertaining To Application For Employment Notice and hereby acknowledge receipt of said notice.

I also do remise CACIB from all liabilities, demands, claims, suits, proceedings, costs and expenses of any nature in connection with the foregoing. I understand that a misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal from CACIB's service if I have been employed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_