|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| POSITION APPLIED | | **{Position}** | | | | | | | | | {%profileImage}  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable)  Attach one copy of recent photograph here  (non-returnable) | |
| **1.** | **PERSONAL PARTICULARS** | | | | | | | | | |
| First Name | | | | Middle Name | | Last Name/Surname | | | | |
| **{Name}** | | | | {MiddleName} | | {LastName} | | | | |
| Permanent Address | | | | | | | | | | |
| **{PermanentAddress}** | | | | | | | | | |  |
| **{PermanentAddress2}** | | | | | | | | | |  |
| **{PermanentAddress3}** | | | | | | | | | | | | |
| Postal Code | | | **{PPostcode}** | | | | City | | **{PCity}** | | | |
| State | | | **{PState}** | | | | Country | | **{CountryOfOrigin}** | | | |
| House Telephone No. | | | **{Contact\_HouseCtryCode}-{Contact\_House}** | | | | Mobile Phone No. | | **{Contact\_MobileCtryCode}-{Contact\_Mobile}** | | | |
| Gender | | | **{Gender}** | | | | Marital Status | | **{MaritalStatus}** | | | |
| Date of Birth | | | **{DOB}** | | | | Place of Birth | | **{PlaceofBirth}** | | | |
| Race | | | **{Race}** | | | | Religion | | **{Religion}** | | | |
| Identification Card No. | | | **{IC}** | | | | Nationality | | **{Nationality}** | | | |
| Income Tax No. | | | **{IncomeTaxNo}** | | | | E-mail Address | | **{Email}** | | | |
| First registered passport No. | | | **{Passport}** | | Date of Issues | | | **{PassDtIssue}**  Attach one copy of recent photograph here  (non-returnable) | Date of Expiry | | | **{PassDtExpiry}** |
| Subsequent renew passport No. | | | **{SubsePassport}** | | Date of Issues | | | **{SubseDtIssue}**  Attach one copy of recent photograph here  (non-returnable) | Date of Expiry | | | **{SubseDtExpiry}** |
| Seaman Book No. | | | **{SeamanBookNo}** | | Date of Issues | | | **{SeamanBookDtIssue}** | Date of Expiry | | | **{SeamanBookDtExpiry}** |
| Seaman Card No. | | | **{SeamanCardNo}** | | Date of Issues | | | **{SeamanCardDtIssue}** | Date of Expiry | | | **{SeamanCardDtExpiry}** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2.** | **NEXT OF KIN** | | | | | | | |
| **2.1** | **Family Particular** | | | | | | | |
| First Name | | Middle Name | Last Name/Surname | Relationship | Age | Gender | Working or Studying | Handicap |
| **{#NOK}{NOKName}** | | **{NOKMiddleName}** | **{NOKLastName}** | **{NOKRelationship}** | **{NOKAge}** | **{NOKGender}** | **{NOKOccupaction}** | **{NOKHandicap}{/NOK}** |
|  | |  |  | Select relationship |  | Select gender | Select | Select |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2.2 Beneficiary** (Must be a member from family particular table for emergency/to receive the benefit due to any mishap or fatality) | | | | | |
| First Name | Middle Name | | Last Name/Surname | Relationship | |
| **{EmergencyContactName}** | **{EmergencyContactMiddleName}** | | **{EmergencyContactLastName}** | **{EmergencyContactRelationship}** | |
| Address | | | | | |
| **{EmergencyContactAddress}** | | | | | |
| **{EmergencyContactAddress2}** | | | | | |
| **{EmergencyContactAddress3}** | | | | | |
| Postal Code | **{EmergencyContactPostcode}** | City | | | **{EmergencyContactCity}** |
| State | **{EmergencyContactState}** | Country | | | **{EmergencyContactCountry}** |
| House Telephone No. | **{EmergencyContact\_HouseCtryCode}-{EmergencyContact\_House}** | Mobile Phone No. | | | **{EmergencyContact\_MobileCtryCode}-{EmergencyContact\_Mobile}** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3.** | **DOCUMENTS** | | | | | | |
| Certificate or Qualification title: | | Type of Certificate of Competency Held: | Certificate No: | Grade: | Issuing Authority: | Date of Issue: | Date of Expiry: |
| **{#docs}{Document}** | | **{Type}** | **{DocNo}** | **{Grade}** | **{IssueAuth}** | **{DtIssue}** | **{DtExpiry}{/docs}** |
|  | | Select type of certificate |  | Select grade |  | Select date | Select date |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4.** | **DECLARATION** | | | | | | | | | | |
| **4.1** | **MEDICAL CHECKUP REPORT** | | | | | | | | | | |
| Do you possess PMU medical check-up report? If yes, please provide the details:  Date of check-up: **{PMUDtIssue}** Date of expiry: **{PMUDtExpiry}** | | | | | | | | | | | |
| Do you possess Malaysia Marine Dept. medical check-up report? If yes, please provide the details:  Date of check-up: **{MarineDtIssue}** Date of expiry: **{MarineDtExpiry}** | | | | | | | | | | | |
| **MEDICAL HISTORY: It is of utmost importance that all illness other than minor afflictions should be stated. The Company is entitled to refuse any claim for treatment, cost or any other insured benefits if a complete statement of all previous illness has not been given. If yes, please provide following details.** | | | | | | | | | | | |
| (A) Have you ever signed off a ship due to medical reasons? | | | | | | | | | | | **{Q7}** |
| Brief Description of illness / injury / accident: | | | | | | | **{Q7Description}** | | | |
| |  | | --- | |  | | | | | | | | | | | |
| (B) Have you undergone any medical operation in the past? | | | | | | | | | | | **{Q8}** |
| Brief description of medical operation: | | | | | | **{Q8Description}** | | | | |
| |  | | --- | |  | | | | | | | | | | | |
| (C) Any health or physical disability problem? | | | | | | | | | | | **{Q9}** |
| Brief description: | | |  | | --- | | **{Q9Description}** | | | | | | | | | |
| (D) Have you been seriously ill for the last 12 months? | | | | | | | | | | | **{Q10}** |
| Brief description: | | |  | | --- | | **{Q10Description}** | | | | | | | | | |
| **4.2** | **GENERAL** | | | | | | | | | | |
| Willing to accept lower rank? | | | | | | | | | | | **{Q1}** |
| Adequate understanding of written and spoken English – For Officer | | | | | | | | | | | **{Q2}** |
| Ability to understand instructions in English | | | | | | | | | | | **{Q4}** |
| Have you ever been denied a foreign visa? | | | | | | | | | | | **{Q5}** |
| If yes, please state country : | | | | |  | | --- | | **{Q5Description}** | | | | | | | |
| Reason (if known): | | | |  | | --- | |  | | | | | | | | |
| Have you been the subject of a court enquiry or involved in a maritime accident?  If yes, please attach details.  **{Q6Description}** | | | | | | | | | | | **{Q6}** |
| Have you ever work for Company or Vessel having ISM/ISO Certifications? | | | | | | | | | | | **{Q3}** |
| **5.** | **REFERENCES: Please give referees from 2 recent employers who we may contact for reference.** | | | | | | | | | | |
| No. | Name | | | | Company | | | | Designation | Contact No. | |
| i. | **{Ref1Name}** | | | | **{Ref1Company}** | | | | **{Ref1Designation}** | **{Ref1Contact}** | |
| ii. | **{Ref2Name}** | | | | **{Ref2Company}** | | | | **{Ref2Designation}** | **{Ref2Contact}** | |
| **6.** | **OTHER CERTIFICATES HELD (VERIFY THE TRAINING CERTIFICATES/COURSES ATTENDED WITH REFERENCE TO PRE-JOINING CREW DOCUMENT CHECKLIST)** | | | | | | | | | | |
| I hereby declare that the above is true, | | | | | | | | Verified by Crewing Personnel in-charge, | | | |
| Name**: {SignatureName}**  NRIC/Passport: **{SignatureIcPassport}**  Date: **{SignatureDate}** | | | | | | | | {%SignatureExecutive}  Signature by**: {SignatureExecutiveName}**  Date: **{SignDtExecutive}** | | | |