

Surname	*	<input type="text" value="YUNJIE"/>
First Name	*	<input type="text" value="LIU"/>
Relationship to you	*	<div><div>Parent</div><div></div></div>

Next of Kin Address

Copy this Address from	<div><div></div><div></div></div>	
Street/Box Number	*	<input type="text" value="HUANGHE NORTH STREET 9-1 #462"/>
Street/Box Number		<input type="text"/>
Suburb		<input type="text"/>
Town or City	*	<input type="text" value="SHENYANG"/>
Country	*	<div><div>CHINA</div><div></div></div>
Postal Code	*	<input type="text" value="110034"/>
Telephone Number		<input type="text"/>
Fax Number		<input type="text"/>
Cellphone Number		<input type="text"/>
Email Address		<input type="text" value="TEINEI@YAHOO.COM"/>

Submit