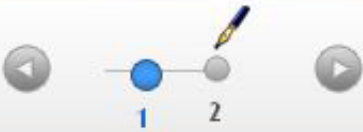



Personal Data Form



Personal Details

Please save your form periodically to avoid losing any data.

* Given Name	<input type="text" value="Shanmugam"/>	Middle Name	<input type="text"/>
* Surname	<input type="text" value="M"/>	* Date Of Birth	<input type="text" value="1989-08-16"/> 
* City Of Birth	<input type="text" value="Chennai"/>	* Martial Status	<input type="text" value="Single"/>
* Gender	<input type="text" value="Male"/>	* Mobile Phone	<input type="text" value="9879876543"/>
* Nationality	<input type="text" value="India"/>	(Please enter your country code followed by your mobile number eg. 004917)	
Retype National Identification Number	<input type="text" value="12345678a123"/>	National Identification Number	<input type="text" value="12345678a123"/>

If you enter your Germany National ID number, please ensure you select your Gender as Male / Female only, as this information is mandatory for the National ID. Selecting any other value might lead to data not getting saved in our systems.

Permanent Address

☒ Do you belong to Germany?

* AddressLine1	<input type="text" value="No.10"/>	* AddressLine2	<input type="text" value="ABC Street"/>
* City	<input type="text" value="Chennai"/>	* Zipcode	<input type="text" value="04500"/>
* Country	<input type="text" value="India"/>	* Home Telephone	<input type="text" value="43565347"/>

Present Address

☒ Is Present Address same as Permanent Address?

* AddressLine1	<input type="text" value="No.10"/>	* AddressLine2	<input type="text" value="ABC Street"/>
* City	<input type="text" value="Chennai"/>	* Zipcode	<input type="text" value="04500"/>
* Country	<input type="text" value="India"/>		

Emergency Contact

* Emergency Contact Name	<input type="text" value="Murugappan M"/>	* Emergency Contact Relationship	<input type="text" value="Father"/>
* Emergency Contact Phone	<input type="text" value="9876543734"/>		

Passport Details

* First Name	<input type="text" value="Shanmugam"/>	Middle Name	<input type="text"/>
* Last Name	<input type="text" value="M"/>	* Passport Number	<input type="text" value="JHGF123ASD"/>
* Date Of Issue	<input type="text" value="01/10/2007"/> 	* Place Of Issue	<input type="text" value="Chennai"/>
* Expiry Date	<input type="text" value="01/18/2023"/> 	* Country	<input type="text" value="India"/>

Submit

Personal Data Form



Other Details

Health Insured At	<input type="text" value="River Limited"/>	In case of Private Health Insurance Company:	<input type="text" value="Bose Limited"/>
Reduction in earning capacity	<input type="text" value="Yes"/>	Your Last State Sickness Company If Yes, Give %	<input type="text" value="60"/>
Severe disability	<input type="text" value="Yes"/>	If Yes, Give %	<input type="text" value="75"/>

Bank Details

* Account Type	<input type="text" value="Current"/>	* Name as on the Account	<input type="text" value="Shanmugam M"/>
* IBAN Number	<input type="text" value="45673456"/>	* SWIFT Code	<input type="text" value="AS12345"/>
* Country	<input type="text" value="India"/>		

Please bring the following documents on your first day

- * Confirmation of membership and monthly contribution of your health insurance
- * Copy of your social insurance identity card
- * Copy of your passport
- * Copy of Personal ID number (Tax Identification number)

✓ This page has been signed by Shanmugam cgbhg M on Friday, January 11, 2013 1:30:05 PM

Submit