

MS First Capital Insurance Limited 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6359 1700 Fax: (65) 6222 3547

Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9

Photo

Claims & Motor Underwriting Depts.: 16 Raffles Quay #42-01 Hong Leong Building Singapore 048581 Tel: (65) 6359 1800 Fax: (65) 6223 0541 www.msfirstcapital.com.sg

APPLICATION FOR EMPLOYMENT

POSITION								
Position Applied For	Possik	Possible Date of Commencement						
	Salary	Salary Expected						
PERSONAL PARTICULARS	;							
Name		Citizenship						
		NRIC / FIN No.						
Home Address		Date / Place of Birth						
	Race / Gender							
		Marital Status	Marital Status					
		Personal Contact No. & Email Address	&					
FAMILY PARTICULARS (Please provide the following details of your family for Conflicts of Interests and Code of Conduct assessments)								
Name Relation	ship Year of Bir	th Occupation	Name of Employer					
EDUCATION AND PROFESS		ICATIONS						
Name of School/College/Universi	ty Certific	Certificate/Diploma/Degree/Professional Qualification Attained		Year Attained				



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EMPLOYMENT HISTORY (List current or, if unemployed now, last employer first)								
Da	ate	Name & Address of Employer		Position Held	Basic Salary		Reason For Leaving	
From	То				Starting	Last [Drawn	
			INSTI		IEMBERSHIP			
Courses / Training Attained			Courses /Training Currently Attending			Pro	Professional Membership	
LING	SUISTIC	ABILITY						
Languages you can speak			Languages you can write					
LEIS	SURE AC	TIVITIES			[
Hobbies, sports and other interests		Membership of societies/clubs and offices held, if any						
REG	ULATO	RY COMPLIA	NCE A	AND PROFES	SSIONAL CON	DUCT		
Have you ever been subject to any enforcement / prohibition action by the Monetary Authority of Singapore (MAS), Bank Negara Malaysia (BNM), or any other regulatory authority in Singapore or elsewhere? (If yes, please provide details)								



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OTHER INFORMATION			
Do you have a friend / relative working in the (If yes, state name, relationship and in which	up? Yes / No		
Do you have a criminal record? (If yes, please give details)	Yes / No		
MEDICAL AND PHYSICAL STATUS			
Have you suffered from or are you currently a (If yes, please give details)	suffering from any me	dical condition?	Yes / No
Are you suffering from any physical disabilitie (If yes, please give details)	es?		Yes / No
REFERENCE (List two referees, preferably your forme)	or present Supervis	sors/Managers)	
Name & Work Relationship	Contact Info	Occupation	Years Known
DECLARATION			
I declare that the information given in the misrepresentation of facts given herein will employed. Enclosed are copies of my educt appropriate recommendation letters.	be sufficient cause f	or dismissal from the	e company's service if
Name & Signature of Applicant			Date