



STAFF PERSONAL PARTICULAR FORM

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|----------------------------------|--|----------------------------|--|
| EMPLOYMENT NUMBER | | SLG/HR/EMP/ / | |
| NAME | | IDENTITY CARD | |
| CONTACT NO. (HP) | | MARITAL STATUS | |
| CURRENT ADDRESS | | DATE OF BIRTH | |
| | | PLACE OF BIRTH | |
| | | SPOUSE NAME | |
| | | NO. OF CHILDREN | |
| | | BLOOD TYPE | |
| HOME TOWN ADDRESS | | EPF | |
| | | SOCSSO | |
| | | INCOME TAX NO. | |
| BANK ACCOUNT DETAILS | | | |
| BANK | | ACCT. NO. | |
| EMERGENCY CONTACT DETAILS | | | |
| CONTACT PERSON NO.1 | | CONTACT PERSON NO.2 | |
| NAME | | NAME | |
| CONTACT NO. (HP) | | CONTACT NO. (HP) | |
| RELATION | | RELATION | |