

# Application Form

## Ding Jing Global Solutions PLT Group

Registered no: (LLP0037498-LGN)

No. 11A, Medan Seri Impian 4,

Pusat Perniagaan Seri Impian, 1400 Bukit Mertajam.

Phone: 012-458 4049

Email: admin@dingjingglobalsolutions.com



1) Position Applied For

## Personal Data Information

Addressing Title :

Full Name :

Address :

Phone Number :

Home Tel Number :

Place Of Birth :

Gender : ☐ Male ☐ Female

Date Of Birth :

D D M M Y Y Y Y

Religion :

Nationality :

RACE :

NRIC NO :

Passport NO :

Marital Status :

Income per annum :

## Family Particulars

Spouse 's Full Name :

Occupation :

Name / Address  
of Employer :

Father's Full Name :

Occupation :

Phone Number :

## Linguistic Ability

LANGUAGES / DIALECTS	Speak "WK" for working knowledge and "F" for fluent		
	Speak	Read	Write
Cantonese			
English			
Other Languages/Dialects please specify			

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## Medical & Physical Status

Have you suffered from or are you currently suffering from serious illness?

☐

Yes

☐

No

(If Yes, please state exact details)

Are you suffering from any physical disabilities?

☐

Yes

☐

No

(If Yes, please state exact details)

## Declaration

I declare that the information given in this application is true and accurate. I understand that any misrepresentation of facts given herein will be sufficient cause for dismissal as the company's agent.

.....  
Signature

.....  
Date