



**BIODATA FORM FOR NOMINEE TO COMPLETE**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ NRIC No: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>1. Employment Record (Last 5 Years)</b>			
Year	Designation/Title	Business/Organization	Experience/Responsibilities

<b>2. Educational Degrees Received</b>		
Degree(s)	Date (s)	Educational Institution(s)

<b>3. Professional Designations Received</b>		
Designation(s)	Date(s)	Awarding Organization(s)

<b>4. Licenses Held</b>		
License(s)	Date (s)	Awarding Organization (s)

