

Mand Placement International Inc.
Unit 707 & 708, SVN Metro View Bldg., Quirino ave. cor San Antonio St. Malate, Manila TEL Nos. 63270013373 / 9770930153

EMAIL ADDRESS: charit 09@yahoo.com or hr.mandmplacement@gmail.com

DMW-199-LB-11092023-R

NAME:				POSITI 1.	ON APPLIED:	
ADDRESS:						
DATE OF BIRTH:			AGE:			
PLACE OF			AGE.			
BIRTH:						
		E 1:				
WEIGHT: WEIGHT.		RELIGIO	RELIGION :			
EMAIL ADD:		CELLPI	HONE 2:			
(FIRST NAME, MIDDLE	E NAME, LAST NAME)					
NAME OF FATHER:		DATE	OF BIRTH			
NAME OF MOTHER:		DATE OF	BIRTH:			
NAME OF SPOUSE:						
DATE OF BIRTH:						
PLACE OF BIRTH:						
BENEFICIARY:						
NAME OF CHILDREN: DATE OF BII				BIRTH:		
— Address No.	YOUNTED	OM	AT: DFA		WAY INVOVA	
PASSPORT NO.:	ISSUED		DRIVER'S		VALIDITY:	
555 NO	TIN NO	:				
DUCATIONAL BACKGRO	OUND:			T		
DATE FROM –	TO NA	NAME AND ADDRESS OF SCHOOL			COURSE/DEGREE	
					PRIMARY	
					SECONDARY	
				COURSE 1:		
				COURSE 2:		
				COURSE 3:		
MPLOYMENT RECORD	: (LIST LAST FO	UR, INCLUDING PRE	SENT)			
DATE FROM – TO	POSITION	OSITION EMPLO			ADDRESS	
BRIEF JOB DESCRIPTION	ON:					
BRIEF JOB DESCRIPTION	ON:					
BRIEF JOB DESCRIPTION	ON:					
HARACTER REFERENCE						
NAME		ADDRE	ADDRESS/TEL.NO.		OCCUPATION	
1,711711		TERMONIEM.				
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	J ID CAUDE FOR THE TERM	MATION OF WIT CONTR				
SIGNATURE:			DA'	TE:		

I undertake that I will not apply to any other agency after my documents are submitted for visa application. I understand I will be liable to pay the expenses incurred in procuring my employment visa if I refuse to be deployed.