

CONFIDENTIAL INFORMATION

Mr./Mrs./Miss (*Name of Staff*) _____

PERSONAL REFERENCE

1. What is your relationship with him/her? _____
2. How long have you known him/her? _____
3. Has he/she ever suffered from any major disease? _____
If yes, state the nature of the disease _____
4. Are you aware of any domestic or financial problem? (Yes or No) _____

5. **Do you consider the applicant:** (Indicate **Yes** or **No**)

- | | |
|--------------------|-----------------------|
| (a) Reliable _____ | (d) Cooperative _____ |
| (b) Honest _____ | (e) Diligent _____ |
| (c) Accurate _____ | (f) Team Player _____ |

6. Please provide us further information that would be helpful to us.

Full Name (Referee): _____

Profession\Occupation: _____ Designation\Position: _____

Business\Office Names: _____

Office Address: _____

Residential Address: _____

Email Addresses: _____

Telephone No: _____ Mobile No _____

Signature: _____ Date: _____.