



Private & Confidential

### JOB APPLICATION FORM

<input type="checkbox"/> MNRB Holdings Berhad	<input type="checkbox"/> Malaysian Reinsurance Berhad
<input type="checkbox"/> MMIP Services Sdn Bhd	<input type="checkbox"/> Takaful Ikhlas Berhad

PHOTO

**Note:**

1. Please read through the application form carefully and complete it in BLOCK LETTERS.  
*Sila baca borang permohonan dengan teliti dan lengkapkan dalam HURUF BESAR.*
2. Please attach one (1) recent passport photo of yourself.  
*Sila sertakan sekeping gambar berukuran passport terbaru anda.*
3. Please attach copies of relevant certificates to this form. Originals are to be produced at the interview.  
*Sila sertakan salinan sijil yang berkaitan bersama borang ini. Sijil asal hendaklah dikemukakan semasa temuduga.*

**NAME** : \_\_\_\_\_  
*Nama*

**POSITION APPLIED** : \_\_\_\_\_

*Jawatan yang dipohon*

#### FOR OFFICIAL USE ONLY

<b>Date of Interview</b>	_____	<b>Human Capital Management</b>  <b>Date:</b>
<b>Date of Commencement</b>	_____	
<b>Department</b>	_____	
<b>Person ID</b>	_____	
<b>Staff ID</b>	_____	
<b>Probationary Period</b>	_____	

**PERSONAL PARTICULARS***Butir-butir Peribadi*

Full Name : \_\_\_\_\_  
*Nama Penuh*

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NRIC No. : (New) \_\_\_\_\_  
*No. Kad Pengenalan Baru*

(Old) \_\_\_\_\_  
*Lama*

Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_  
*Tarikh Lahir Umur*

Place of Birth : \_\_\_\_\_  
*Tempat Lahir*

Nationality : \_\_\_\_\_  
*Warganegara*

Religion : \_\_\_\_\_  
*Agama*

Race : \_\_\_\_\_  
*Bangsa*

Sex : \_\_\_\_\_  
*Jantina*

Marital Status : \_\_\_\_\_  
*Taraf Perkahwinan*

Address : \_\_\_\_\_  
*Alamat*

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Tel. No. (H) : \_\_\_\_\_  
*No. Tel. (Rmh)*

Tel. No. (H/P) : \_\_\_\_\_  
*No. Tel. Bimbit*

E-mail Add. : \_\_\_\_\_  
*Alamat E-mail*

EPF No. : \_\_\_\_\_  
*No. KWSP*

Socso No. : \_\_\_\_\_  
*No. Perkeso*

Income Tax No. : \_\_\_\_\_  
*No. Cukai Pendapatan*

Height : \_\_\_\_\_  
*Tinggi*

Weight : \_\_\_\_\_  
*Berat*

Date of Marriage : \_\_\_\_\_  
*Tarikh Perkahwinan*

**DETAILS OF SPOUSE***Maklumat Pasangan*

Name : \_\_\_\_\_ Occupation : \_\_\_\_\_  
*Nama Pekerjaan*

NRIC No. : \_\_\_\_\_ Tel. No. (O) : \_\_\_\_\_  
*No. Kad Pengenalan No. Tel. (Pejabat)*

Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_ Tel. No. (H/P) : \_\_\_\_\_  
*Tarikh Lahir Umur No. Tel. Bimbit*

Name & Address : \_\_\_\_\_  
of Employer  
*Nama & Alamat Majikan*

**DETAILS OF CHILDREN***Maklumat Anak*

NAME <i>Nama</i>	B.C NO./NRIC NO. <i>No. Sijil Beranak/ No. Kad Pengenalan</i>	DATE OF BIRTH <i>Tarikh Lahir</i>	SEX <i>Jantina</i>

**FAMILY BACKGROUND***Latarbelakang Keluarga*

Father's Name : \_\_\_\_\_ Occupation : \_\_\_\_\_  
*Nama Bapa Pekerjaan*

Mother's Name : \_\_\_\_\_ Occupation : \_\_\_\_\_  
*Nama Ibu Pekerjaan*

**INFORMATION ON BROTHERS & SISTERS***Keterangan Adik, Kakak dan Abang*

NAME <i>Nama</i>	AGE <i>Umur</i>	SEX <i>Jantina</i>	OCCUPATION <i>Pekerjaan</i>	NAME OF EMPLOYER <i>Nama Majikan</i>

**EMERGENCY CONTACT***Dihubungi ketika kecemasan*

Name : \_\_\_\_\_ Address : \_\_\_\_\_  
*Nama Alamat*

NRIC No. : \_\_\_\_\_

Relationship : \_\_\_\_\_ Tel. No. (H/P) : \_\_\_\_\_  
*Hubungan No. Tel. Bimbit*

**HEALTH DETAILS***Butir-butir Kesihatan*

Are you currently pregnant?  
Adakah anda sedang mengandung?

**YES/ NO**  
**Ya/ Tidak**

Does your spouse or child suffer any disease which require a long term or expensive medication?  
Adakah suami/isteri atau anak-anak anda menghidap sebarang penyakit yang memerlukan rawatan berterusan atau kos perubatan yang tinggi?

**YES/ NO**  
**Ya/ Tidak**

If yes, please provide details.  
Jika Ya, sila berikan butir-butir.

**SECONDARY EDUCATION***Pendidikan Peringkat Menengah*

<b>GRADE</b> <i>Gred</i>	<b>FROM - TO</b> <i>Dari - Hingga</i>	<b>SCHOOL</b> <i>Sekolah</i>
SRP/ PMR		
SPM/SPVM/MCE		
STP/HSC		
CERTIFICATE		

**HIGHER EDUCATION***Pendidikan Peringkat Tinggi*

<b>UNIVERSITY/COLLEGE</b> <i>Universiti/ Kolej</i>	<b>FROM - TO</b> <i>Dari - Hingga</i>	<b>QUALIFICATION OBTAINED</b> <i>Kelayakan yang diperolehi</i>	<b>RESULTS (CGPA)</b> <i>Keputusan</i>

**OTHER QUALIFICATION/ SKILLS***Lain-lain kelayakan/ kemahiran*

Professional Certification : \_\_\_\_\_  
*Sijil Ikhtisas*

Language Spoken : \_\_\_\_\_  
*Bahasa Pertuturan*

Written : \_\_\_\_\_  
*Penulisan*

Computer Skills : \_\_\_\_\_  
*Kemahiran Komputer*

**PREVIOUS WORKING EXPERIENCE***Keterangan mengenai pekerjaan dahulu*

<b>FROM - TO</b> <i>Dari - Hingga</i>	<b>COMPANY NAME</b> <i>Nama Syarikat</i>	<b>SALARY</b> <i>Gaji</i>	<b>POSITION</b> <i>Jawatan</i>	<b>REASON FOR LEAVING</b> <i>Sebab Berhenti</i>

**CURRENT EMPLOYEMENT***Keterangan mengenai pekerjaan sekarang*

Name & Address of Present Employer : \_\_\_\_\_  
*Nama & Alamat Majikan sekarang*

Position : \_\_\_\_\_  
*Jawatan*

Report to : \_\_\_\_\_  
*Melapor kepada*

Nature of Business : \_\_\_\_\_  
*Jenis Perniagaan*

Tel. No. : \_\_\_\_\_  
*No. Tel.*

Commencement Date : \_\_\_\_\_  
*Tarikh bermula*

Period of Notice Required : \_\_\_\_\_  
*Tempoh notis yang diperlukan*

Basic Salary Start : RM \_\_\_\_\_  
*Gaji Permulaan*

Reason to Leave : \_\_\_\_\_  
*Sebab untuk berhenti*

Present Salary : RM \_\_\_\_\_  
*Gaji Terkini*

Expected Salary : RM \_\_\_\_\_

**REFEREES***Rujukan*

Please list two (2) referees (other than relatives) to whom MNRB Group may refer regarding yourself

*Senaraikan dua nama, selain daripada saudara-mara yang membolehkan Kumpulan MNRB merujuk mengenai peribadi anda*

Name : \_\_\_\_\_  
*Nama*

Address : \_\_\_\_\_  
*Alamat*

Tel. No : \_\_\_\_\_ Occupation : \_\_\_\_\_  
*Pekerjaan*

E-mail : \_\_\_\_\_ Relationship : \_\_\_\_\_  
*Hubungan*

Name : \_\_\_\_\_  
*Nama*

Address : \_\_\_\_\_  
*Alamat*

Tel. No : \_\_\_\_\_ Occupation : \_\_\_\_\_  
*Pekerjaan*

E-mail : \_\_\_\_\_ Relationship : \_\_\_\_\_

**OTHER INFORMATION***Lain-lain maklumat*

Do you have any police records? **YES/ NO** Have you ever been declared a Bankrupt? **YES/ NO**  
*Adakah anda pernah mempunyai rekod polis? Ya/ Tidak Adakah anda pernah diisytiharkan bankrap? Ya/ Tidak*

If yes, please explain. If yes, please explain.  
*Jika Ya, sila jelaskan. Jika Ya, sila jelaskan.*

Do you ever suffer from any physical impairment or disease, e.g. epilepsy? **YES/ NO** Do you possess a driving license? **YES/ NO**  
*Adakah anda menghidap sebarang kecacatan fizikal dan penyakit, contoh epilepsi? Ya/ Tidak Adakah anda mempunyai lesen memandu? Ya/ Tidak*

If yes, please explain. If yes, class A B C D  
*Jika Ya, kelas*

Expiry Date : \_\_\_\_\_  
*Tarikh Tamat Tempoh*

Have you ever been compounded with creditors whether in or outside of Malaysia? **YES/ NO** Have you been imprisoned for 6 months or more? **YES/ NO**  
*Pernahkah anda dikompaun oleh pemiutang sama ada di dalam atau luar Malaysia? Ya/ Tidak Pernahkah anda dipenjarakan selama 6 bulan atau lebih? Ya/ Tidak*

If yes, please explain. If yes, please explain.  
*Jika Ya, sila jelaskan. Jika Ya, sila jelaskan.*

Have you ever been terminated from previous employment? **YES/ NO** Do you have any relatives or friends working in the MNRB Group? **YES/ NO**  
*Pernahkah anda ditamatkan tempoh perkhidmatan dari pekerjaan sebelum ini? Ya/ Tidak Adakah anda mempunyai saudara/ rakan yang sedang bekerja dengan kumpulan MNRB? Ya/ Tidak*

If yes, please explain. If yes, please give the name(s).  
*Jika Ya, sila jelaskan. Jika Ya, sila nyatakan nama.*

Have you previously been employed by MNRB Group? **YES/ NO** Are you able/ willing to travel? **YES/ NO**  
*Pernahkah anda ditawarkan bekerja oleh kumpulan MNRB? Ya/ Tidak Adakah anda mampu untuk membuat perjalanan jauh? Ya/ Tidak*

If yes, name the Company. If no, please explain.  
*Jika Ya, sila nyatakan nama syarikat. Jika tidak, sila jelaskan.*

**JOB APPLICATION FORM – APPLICANT’S CONSENT**

I hereby declare that the information provided hereinafter is true and complete. Any misrepresentation, falsification or omission herein (including any uninformed changes) shall be sufficient reason for refusal or dismissal from my employment with MNRB Group of Companies at any time . I understand that my employment is subjected to my passing of the medical examination conducted by MNRB Group of Companies.

I hereby authorize the Company to do the following:-

- i. Conduct relevant background checks with any third parties or relevant authorities (including for legal, financial, disciplinary or criminal records ) for the purpose of recruitments or during the course of my employment ;
- ii. Make an inquiry on my previous employment records which covers all current and former employers in the period of seven years up to date of the application for employment and, where relevant, the FMAM;
- iii. Authorises all my current and former employers in the period of seven years up to the date of this application, to disclose my employment history, including the facts and details of any internal disciplinary proceedings which I have been subject to, irrespective of whether such disciplinary proceedings have been concluded, or initiated after the I left employment;
- iv. Authorises the FMAM to disclose the facts and details of any case of financial market misconduct that I have been subject to, including disciplinary proceedings under the Asian Institute of Chartered Bankers (AICB)-FMAM Joint Disciplinary Scheme, irrespective of whether such proceedings have been concluded as at the date of the Company’s written inquiry with the FMAM; and

Releases my current and former employers and, where relevant, the FMAM, from any contractual obligations which limit, in any way, their ability to disclose the information required under the guidelines on Employee Screening by Bank Negara Malaysia.

I hereby agree that all my personal data including sensitive personal data (any personal data consisting of information as physical or mental health or condition, religious beliefs, political opinions, the commission or alleged commission of any offence or any other personal data determined as such under the Personal Data Protection Act 2010) may be collected and used or disclosed by MNRB Group of Companies for various purposes in relation to my application for employment.

This declaration shall be read as an integral and part of the application form as attached herein.

Signature of Applicant	:	<input type="text"/>
Name	:	<input type="text"/>
NRIC Number	:	<input type="text"/>
Date	:	<input type="text"/>