

HRD Form 0012

EMPLOYEE PERSONAL INFORMATION FORMStaff ID : Joined Date : Name : _____
[as stated on NRIC]

Position and Dept : _____

Please (✓) tick OR circle the appropriate box:*[please complete the details at the appropriate section/column and attach supporting documents where necessary]*
 First Time Records
New Employee-to complete all sections
 Change Notification
Please tick appropriate box for change notification:
 [A] Personal details [C] Family details [E] Emergency Contact Details [B] Statutory details [D] Education / Professional Accreditation [F] Nomination/Beneficiary**SECTION A : PERSONAL DETAILS**NRIC No [new] :

Race: _____ Religion : _____

NRIC No [old] : Date of Birth : Sex : M F

Place of Birth : _____

Permanent Address : _____

Current Address : _____

Tel [House] : Tel [Handphone] : **SECTION B : STATUTORY REFERENCE**Income Tax No :

Branch : _____

SOCSO No : EPF No : **SECTION C : FAMILY DETAILS**Marital Status : _____ Effective Date : *[If marital status is single or divorced, please skip question 1, 2 & 3] / [If married, please provide a copy of marriage certificate and spouse's NRIC (front and back on single page A4 paper)]*1. Spouse's Name : _____ NRIC No : Date of Birth : Is spouse working : Y N If Yes, Position : _____Employer : _____ Income Tax No : Branch : _____

2 Spouse Father's Name : _____ Occupation : _____

3 Spouse Mother's Name : _____ Occupation : _____

4 Employee's Father Name : _____ Occupation : _____

5 Employee's Mother Name : _____ Occupation : _____

6 Employee's Grandfather Name : _____ Employee's Grandmother Name : _____

7 Details of children[s] below 23 years old: _____ No of Children [incl new born] : _____

[Children under your custody and provide a copy of birth certificate and/or relevant supporting documents (e.g. further education offer letter)]

Name	NRIC No	Gender [M / F]	A. Name of School / University / College B. Employer's Name	A. Duration B. Date Employed	Tax relief for child * [Y / N]

a) For child education update, please attach supporting document. Please use additional sheet if column is insufficient.

b) For female employee, kindly indicate "Y" if tax relief for child is under self or "N" if under spouse [*]

HRD Form 0012

EMPLOYEE PERSONAL INFORMATION FORM**SECTION D : EDUCATION DETAILS / PROFESSIONAL ACCREDITATION**

New Qualification Obtained	:	_____	Graduation Year	:	_____
University/College/Secondary	:	_____	CGPA	:	_____
<i>[Please provide a copy of certificate and transcript]</i>					
Professional Organization	:	_____	Validity	:	_____
Accreditation	:	_____	Year Obtained	:	_____
<i>[Please provide a copy of certificate]</i>					

SECTION E : EMERGENCY CONTACT DETAILS*The priority sequence must be parents, spouse, siblings and other relatives or friends*

Name	Relationship	Address	Contact No

SECTION F : NOMINATION / BENEFICIARY**Insurance Beneficiary for GTL and GPA**

I, _____ (name), hereby nominate the person/s named in the scheduled hereto, to receive the amount due to me credit less monies owing to the company upon my death and total permanent disablement. In the event of any nominee dying before me, his/her shares shall be transferred to such nominees as are living at the time of my death and shall be shared in the same proportion as their respective shares.

This nomination dated _____ revokes any other previous nomination made by me.

SCHEDULE OF NOMINEES

	Name	Relationship	Birth Cert / NRIC / Passport no.	Contact : Address and Telephone No	Share (%)
1					
2					
3					
4					

Notes:-

- a) Please provide HRD with photocopies of your nominees Birth Certificates / NRIC / Passports
- b) To provide HRD with updated information on your respective nominees and to use additional paper if you have more than 4 nominees
- c) For expatriates, to complete section E & F only.

SECTION H : EMPLOYEE DECLARATION

I hereby declare that the information given by me in this form is correct and true to the best of my knowledge

Staff Signature : _____	Witness (for insurance nominees only):
Date : _____	Name and Signature : _____
	NRIC No : _____ Date : _____
Remarks : _____	

SECTION I : HRD

1. SAP Updated	: Yes	<input type="checkbox"/>	2. Benefits Enrollment [SAP Medical]	: Yes	<input type="checkbox"/>
			<i>[for changes in marital status and new born]</i>		
3. Medical	: Yes	<input type="checkbox"/>	4. Insurance	: Yes	<input type="checkbox"/>
<i>[Update TPA / TPA portal]</i>			<i>[update the Excel Worksheet in E-MAS HRD 2]</i>		
Key Account Executive :	_____	Payroll Administrator :	_____		
	Signature & Date		Signature & Date		

Remarks : **Update new born and marriage listing to FIN :**