

# Application Form

## PERSONAL PARTICULARS

Name		Name in Chinese Character (if applicable)		Photo
Date of Birth	Race	Religion		
Nationality	NRIC/FIN/Passport No.	Place of Birth		
Permanent Home Address				
Mobile Phone No.		Passport No.		Student's Pass No.
E-mail Address		Place of Issue		Date of Issue
Gender (please tick) <input type="checkbox"/> Male ( ) <input type="checkbox"/> Female ( )		Date of Expiry		Date of Expiry
In Singapore Since		Blood Type		Age

Do you have any medical insurance?    YES    NO

## EDUCATION BACKGROUND

Name of School/University	Faculty/Major	Level as of current year
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**MEDICAL HISTORY**

Do you have any drug/ food allergy?  YES ( ),  NO ( )

If yes, please provide details:

Are you suffering from any illness  YES ( ),  NO ( )

If yes, please provide details:

**PARENTS/GUARDIAN PARTICULARS**

<b>1</b>	Name (Father)	Occupation:  Age:	Home:  HP:
	Current Home Address	E-mail Address	
<b>2</b>	Name (Mother)	Occupation:  Age:	Home:  HP:
	Current Address	E-mail Address	
<b>3</b>	Name (Guardian)	Occupation:  Age:	Home:  HP:
	Current Home Address	E-mail Address	

**EXPECTED STAY-IN PERIOD**

Expected Check-In Date & Time

Expected Check-Out Date & Time

Remarks

By submitting this form, you hereby agree that Anglican House (AH) may collect, use and disclose your personal data that you provide in this form for issues relating to your stay in AH. You also consent to the disclosure of your personal data to other third party service providers that AH may engage from time to time. If you are providing someone else's personal data or submitting this form on behalf of someone else, you hereby declare that you have obtained consent from the named individual(s) in this form, for the collection, use and disclosure of his/her personal data by you to AH and other third party service providers. AH respects the privacy of individuals and recognizes the importance of the personal data you have entrusted to us and believe that it is our responsibility to properly manage, protect, process and disclose your personal data. We will collect, use and disclose your personal data in accordance with the Personal Data Protection Act 2012. Should you wish at any time to withdraw your consent for the collection, use and/or disclosure of your personal data after submitting this form, please contact us at [admin@anglicanhouse.com](mailto:admin@anglicanhouse.com)

\_\_\_\_\_  
Applicant's Name and Signature

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Application Status

Room Allocated

APPROVED       NOT APPROVED

Check-In Date & Time

Remarks

\_\_\_\_\_  
Officer's Name and Signature

\_\_\_\_\_  
Date