Anglican House

Address: 600 Upper Changi Road, Singapore 487012

Email: admin@anglicanhouse.com

Application Form

PERSONAL PARTICULARS						
Name		Name in Chinese Character (if applicable)				
Date of Birth	Race		Religion		Photo	
Nationality	NRIC/FIN/Pas	ssport 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		
		Date of Expiry		Date of Expiry		
Gender (please tick) Male () Female ()						
In Singapore Since		Blood Type			Age	
Do you have any medical insurance? YES () NO ()						
EDUCATION BACKGROUND						
Name of School/University		Facu	ulty/Major	Level	as of current year	

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						
	Name (Father)	Occupation:	Home:			
		Age:	HP:			
1						
	Current Home Address	E-mail Address				
	Name (Mother)	Occupation:	Home:			
		Age:	HP:			
2						
	Current Address	E-mail Address				
	Name (Guardian)	Occupation:	Home:			
		Age:	HP:			
3	Current Home Address	E mail Address				
	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 (A)	H) may collect use and disclose your personal data that you				
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					
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				