



<b>Tertiary</b>		

**V. MEDICAL BACKGROUND**

(Use separate sheet if necessary)

<b>Physical and/or Medical Condition/History</b> <i>(Please indicate particulars: i.e. Type 3 diabetic, hypertension, suffered stroke, etc)</i>	<b>Medicine/s Being Taken</b>	<b>Food or Medicine Allergies</b> <i>(Please indicate particulars)</i>

**VI. EMPLOYMENT OR BUSINESS BACKGROUND**

(If applicant is employed. Use separate sheet if necessary)

<b>Name of Employer</b>	<b>Address</b>	<b>Position</b>	<b>Year</b>

(If applicant is self-employed or owns/co-owns business)

<b>Name of Company/Corporation</b>	<b>Complete Address</b>	<b>Nature of business</b>

**VII. COUNTRIES VISITED IN THE LAST FIVE YEARS**

<b>Country</b>	<b>Year</b>	<b>Reason for Visit</b>

**VIII. CHARACTER REFERENCES** (Indicate at least three individuals known to you for the last 10 years)

<b>Name</b>	<b>Address</b>	<b>Contact Number</b>

**IX. MEMBERSHIP IN CLUB/S OR ORGANIZATION/S**

(Use separate sheet if necessary)

<b>Name of Organization</b>	<b>Position</b>

**X. CRIMINAL AND/OR DEROGATORY BACKGROUND**

(Use separate sheet if necessary)

<b>Title/Case Number and Branch of Court</b>	<b>Status of Case</b>	<b>Year Filed</b>	<b>Details of Derogatory Information</b>

**CONFIDENTIAL**

**XI. DETAILS ON THREAT**

(Use separate sheet if necessary)

Source of Threat	Cause of Threat	Proof of Threat

**XII. BRIEF NARRATIVE OF INCIDENT/S RELATIVE TO THREAT/S**

(Use separate sheet if necessary)

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**CERTIFICATION**

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Date Accomplished

\_\_\_\_\_  
Signature of Applicant