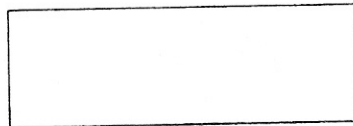
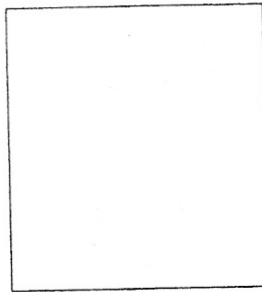


ADDITIONAL FORM TO BE FILLED UP BY THE APPLICANT FOLLOWING  
CIPPS SYSTEM  
(IN BLOCK LETTERS ONLY)



NAME:

FATHER'S NAME:

PROFESSION:

OCCUPATION:

EMPLOYER'S/OFFICE ADDRESS:

TELEPHONE NO. (RESIDENCE):

TELEPHONE NO. (OFFICE):

MARK OF IDENTIFICATION:

PRESENT ADDRESS:

PERMANENT ADDRESS:

**\*The signature of the applicant must lie within  
The box.**

SIGNATURE: