



## EMPLOYEE INFORMATION FORM

### Personal Information

|                                                    |               |                 |        |
|----------------------------------------------------|---------------|-----------------|--------|
| Full Name                                          | test new name |                 |        |
| Address (Home Country)                             |               |                 |        |
| Residing Country Address                           |               |                 |        |
| Home Phone                                         | mbn           | Qatar Phone No. | mnm    |
| Date Of Birth                                      |               | Birth State     |        |
| Gender                                             |               | Marital Status  | Single |
| Blood Group                                        |               | Nationality     |        |
| Email ID                                           |               | Religion        |        |
| Aadhaar / Home Country ID                          |               |                 |        |
| Passport Number                                    |               | Expiry Date     |        |
| National ID / Resident ID (QID / EID / Bahrain ID) |               | Expiry Date     |        |

### Employee Family Details

|                                        |                  |
|----------------------------------------|------------------|
| Father's Name :                        | Contact Number : |
| Occupation :                           | DOB :            |
| Mother's Name :                        | Contact Number : |
| Occupation :                           | DOB :            |
| Spouse Name :                          | Contact Number : |
| Occupation :                           | DOB :            |
| Spouse Place of Work (If applicable) : |                  |
| Sibling Name 1) :                      | Contact Number : |
| Occupation :                           | DOB :            |
| Sibling Name 2) :                      | Contact Number : |
| Occupation :                           | DOB :            |

### Number of Kids: 0

| Sl. No. | Name | Date of Birth | Gender | Place of Study |
|---------|------|---------------|--------|----------------|
|         |      |               |        |                |
|         |      |               |        |                |
|         |      |               |        |                |
|         |      |               |        |                |

Relative / Spouse working in Kings : Relationship :

### Food Habit

### Health Concerns

Veg ☐ Non Veg ☐ Food Allergies ☐ Chronic Illnesses ☐ Others ☐

If Yes, Please Specify:

Any Personal Vehicle (In country of residence) Yes ☐ No ☐

### Visa Status

Company ☐ QID Transfer ☐ Family ☐ Secondment ☐

Food Opted Yes ☐ No ☐

Accommodation Opted Yes ☐ No ☐ (If yes, Single ☐ Shared ☐)

### Emergency Contact Information

#### Local Contact

#### International Contact

|                  |  |                  |  |
|------------------|--|------------------|--|
| Full Name        |  | Full Name        |  |
| Address          |  | Address          |  |
| Primary Mobile   |  | Primary Mobile   |  |
| Alternate Mobile |  | Alternate Mobile |  |
| Relationship     |  | Relationship     |  |

| Employee Bank Details - Local (If applicable) |  |                |  |
|-----------------------------------------------|--|----------------|--|
| Bank Name                                     |  | Branch         |  |
| Account Name                                  |  | Account Number |  |
| IFSC code/IBAN                                |  | Swift Code     |  |

| Nomination and Declaration Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <p>I hereby nominate the below-mentioned person to receive all my belongings and the amount of my credit in the company, In the event of my unexpected death</p> <p>Name of the Nominee:            Relation:</p> <p>Nominee ID (Passport):            Nominee Contact:</p> <p>Nominee Mail ID:            Nominee DOB:</p> <p>I hereby authorize that all the information provided above is true to my knowledge. I authorize the company to utilize the contact details if required</p> <p>Name: test new name            Signature:            Date:</p> |  |  |  |

- DOCUMENTS ARE TO BE ATTACHED ALONG WITH THE EMPLOYEE INFORMATION FORM
1. Copy of Passport

2. Copy of Aadhaar

3. Copy of Pan Card

4. Driving License (If applicable)

5. Bank Cancelled Cheque/ Passbook

6. Education certificate

7. Passport size photo