TRANS-CAB SERVICES PTE LTD

No.58 Defu Lane1 Singapore 539498

APPLICATION FORM (HIRER / RELIEF DRIVER) *

TAXI NO. ☐☐☐☐☐☐☐☐

Rental Rate : $ _____

Effective Date : _____

Please attach a passport sized photo here

INSTRUCTIONS :

1 Please read the form thoroughly before completing it.
2 The Company reserves the right not to accept any application without assigning any reasons.
3 Please submit this form together with the following documents :-

* Identity Card
* Photograph (2 copies)
* Driving Licence
* Valid Taxi Vocational Licence & Receipt

I/C No.
S ☐☐☐☐☐☐☐ --- ☐

Nationality _____

Name in Block (Alias if any)

IN CHINESE (if applicable)

Date of Birth
Day Month Year ☐☐☐☐☐☐☐☐

Religion

Race

Sex
Male / Female *

Telephone
(Home) : 6☐☐☐☐☐☐☐
(H/p) : 9☐☐☐☐☐☐☐
(Pager) : 9☐☐☐☐☐☐☐

Address
Blk No. _____ Road Name _____ House No. _____ Postal Code _____

Martial Status : Single / Married / Divorced / Widowed *

Full Name of Spouse : _____

Education Level

No Education	☐	Pre-U	☐
Primary	☐	Polytechnic	☐
Secondary	☐	University	☐
Vocational Institute	☐		

Languages Spoken

English	☐	Cantonese	☐
Mandarin	☐	Hokkien	☐
Malay	☐	Teochew	☐
Tamil	☐	Others	☐

Driving Licence (class)
2 3 4 4A 5

Date Obtained ☐☐☐☐☐☐

Taxi Vocational Licence
Date Obtained ☐☐☐☐☐☐ Date Expiry ☐☐☐☐☐☐

Has your licence ever been suspended by LTA (Yes / No) *

Taxi Driving Experience

Taxi Company	Hirer / Relief	Date From	Date To	Taxi No.	Reasons for leaving

*Delete where applicable

CONFIDENTIAL

1 Have your ever been charged, convicted in any court of law or detained under the provision of any written law ? (if YES, please stated the caused. YES / NO *

_____

2 Are you an undischarged Bankrupt ? YES / NO *

3 Have you ever suffered from any mental illness or disability for which you have received medical treatment (eg. Diabetes, tuberculosis, epilepsy, asthma, gastric ulcers). YES / NO *

4 **Particulars of beneficiary**

I/C No.

S								---	

Name : _____

Blk No.	Road Name	House No.	Postal Code	Contact No.	Relationship

5 **Next of Kin (to be contacted in the event of emergency)**

Name : _____

Blk No.	Road Name	House No.	Postal Code	Contact No.	Relationship

6 **DECLARATION**

I hereby declare that the information given above is true to the best of my knowledge, information and belief. I fully understand that if any of the information given by me in this application is in any way false or incorrect, the company shall have the right to terminate the Taxi Hiring Agreement / revoke permission to operate the Taxi without assigning any reason whatsoever.

Date : _____ Signature : _____

For Office Use Only

Interviewed By : _____ Signature / Date : _____

Approved / Not Approved * Remarks : _____

Date	Receipt No.	Amount	Type of Payment

* Delete where applicable