

Ahonya

Client's Code	<input type="text"/>	
Name (Surname First)	<input type="text" value="title"/>	<input type="text"/>
Previous Name	<input type="text"/>	

PERSONAL INFORMATION

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of birth	<input type="text" value="DD / MM / YYYY"/>	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married
Occupation	<input type="text"/>	
Source of income	<input type="text"/>	
Nationality	<input type="text"/>	
Residential Status	<input type="text"/>	
Country of Residence	<input type="text"/>	
Next of Kin	<input type="text"/>	
Type of ID	<input type="text"/>	
ID Number	<input type="text"/>	
Date of Issue	<input type="text" value="DD / MM / YYYY"/>	
Place of Issue	<input type="text"/>	

CONTACT INFORMATION

Address	
Previous	<input type="text"/>
Current	<input type="text"/>
Residential Address	
Previous	<input type="text"/>
Current	<input type="text"/>
Email	<input type="text"/>
Mobile Number(s)	<input type="text"/>
Telephone Number(s)	<input type="text"/>
Fax Number(s)	<input type="text"/>

Applicant Signature

Name	<input type="text"/>
Signature	<input type="text"/>

For Official use only

Officer's name	<input type="text"/>
Date	<input type="text" value="DD / MM / YYYY"/>
Signature	<input type="text"/>