

11. GENERAL INFORMATION:

a) Do you suffer from any physical disability? If YES please provide details

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b) Have you ever been convicted by a civil or military court? If the answer is YES, please provide details

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12. ADDITIONAL INFORMATION

Please write down any additional information you wish to provide

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13. RECCOMENDATIONS

Give the names and the addresses of two persons, (non related), who, from your personal experience, could provide information on your character and capabilities.

1.Name and Surname Occupation.....

Address Phone number.....

2.Name and Surname Occupation.....

Address Phone number.....

I solemnly declare that the information included in this application is from what I know and believe to be true and I myself have completed the application. I realise that any deliberate inaccuracy or failure may result in my immediate dismissal or disqualification if I am hired by LASER INVESTMENT GROUP PLC.

Date Signature.....

INTERNAL USE

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The application must be completed by the applicant and sent by mail, or delivered personally, together with copies of certificates, diplomas, etc. at the following address

LASER INVESTMENT GROUP Andrea Chaliou 1, White Moon Center, 2nd floor, 2408 Engomi, Nicosia, Cyprus



APPLICATION FORM

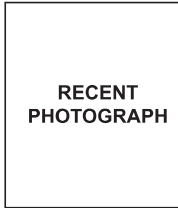




APPLICATION FORM

POSITION _____

CONFIDENTIAL



1. PERSONAL DATA

Surname: _____ Name: _____
 Address: _____
 Town/village _____ P.O. _____ Province: _____
 Telephone no: _____ Telephone no (work): _____ Cell phone: _____
 ID No: _____ Birth date: _____
 Place of birth: _____ Place of origin: _____ Nationality: _____
 Single/Engaged/Married/Divorced/Widower: _____
 e-mail: _____

2. FAMILY

Name of the father: _____
 Name of the mother: _____
 Name of the spouse/fiancée: _____

3. SECONDARY EDUCATION:

From:	Until:	School name:	Branch:	Grade:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Examination certificates (GCE, LCCI etc)

Examination: (GCE, LCCI etc)	Subject:	Level:	Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. HIGHER EDUCATION:

Name of School, Faculty College, University	Country:	Title:	From:	Until:	Grade:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Brief description of the content of the studies (subjects, specialisation)

5. POST GRADUATE

Name of the Faculty, College, University	Country	Title:	From:	Until:	Grade:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Brief description of the content of the studies (subjects, specialization)

6. LANGUAGES (excellent, very good, average, elementary)

	Oral	Written
Greek	_____	_____
English	_____	_____
_____	_____	_____

7. COMPUTER SKILLS (excellent, very good, average, elementary)

Operating Systems	Text	Tables
Windows _____	Microsoft Word _____	Microsoft Excel _____
_____	_____	_____
Other _____	_____	_____

8. EMPLOYMENT

	From	Until	Name/Address	Sector	Duties	Salary
a)	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____	_____
d)	_____	_____	_____	_____	_____	_____
e)	_____	_____	_____	_____	_____	_____

9. OTHER INTERESTS

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10. Military Service (for male candidates)

Date of dismissal/discharge..... Body/Weapon:..... Rank:.....

If you have been discharged, please name the reasons
