

Spirit Identity Verification Form

Vetting Register Ref Nos (For official use only)	
Reference No:Dated:	
Staff No:	

JOB TITLE		
NAME OF COMPANY		
ADDRESS OF COMPANY		
CONTACT TELEPHONE	IUMBER	

NAME:	Addresses required for past 5 years. Continue over leaf if necessary.
SURNAME:	PRESENT ADDRESS: From (Date)
DATE OF BIRTH: PLACE OF BIRTH:	
NATIONALITY:	Post Code:
NRIC:	Home Tel No:
MARITAL STATUS:	Mobile Tel No:

The following documents must be produced to prove identity and address.

- Identification Card / Driving Licence
- Any Utility Bill (Water, electricity, telephone or financial bills for the address shown above)

Both documents must be original. They will be copied and returned as soon as possible

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CERTIFICATION OF IDENTITY (For official use only)

	DATE OF ISSUE
(a)	
(b)	
	rsonally examined the documents listed at 2. Above and have satisfactorily lished the identity of the above-named employee/applicant.
NAME:	POSITION: Security Associate

Ref: AERO-ALL-SF-FR-ALL-297a

Date issued: 30 October 2006

Issue: 001 Page: 2 of 2

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