

# ING INSURANCE SCHOLARSHIP APPLICATION CHECKLIST

Students are required to enclose copies of the following documents together with the ING Insurance Scholarship Application form:

| 1. | Identity card   |  |
|----|---|--|
| 2. | Diploma, Matriculation/Asasi, STPM, SPM and PMR transcript results.                     |  |
| 3. | School Certificates and testimonials, if any  |  |
| 4. | Co-curriculum Activities Certificates   |  |
| 5. | Parents' Form J (both parents if they are working and opt for separate assessment)      |  |
| 6. | Letter of Offer to Universiti Malaya  |  |
| 7. | Two recent passport sized photograph  |  |
| 8  | Any other documents that you feel will support your application for the ING Scholarship |  |



# Confidential

## **ING Insurance Scholarship Application Form**

(It is essential that you write clearly in black ink)

Please attach
Passport Size Photo

| Course of Study  |                     |                     |                   |                   |                   |  |  |
|--|---------------------|---------------------|-------------------|-------------------|-------------------|--|--|
| Date of Letter of Offer f  | rom                 |                     |                   |                   |                   |  |  |
| Universiti Malaya  Duration of Course (No  | o. of Years)        |                     |                   |                   |                   |  |  |
| · · ·  | •                   |                     |                   |                   |                   |  |  |
| A - Personal Information  A - Personal Infor |                     | with Card (Cartific | ad True Copy)     |                   |                   |  |  |
| Name   | locopy or your ruch | ully Caru. (Ceruno  | id True Copy)     |                   |                   |  |  |
| Date of Birth  |                     |                     | Place of birth    |                   | _                 |  |  |
| Age  |                     |                     |                   |                   |                   |  |  |
| MyKad No (NRIC)  |                     |                     |                   |                   |                   |  |  |
| Marital Status   | Single              | ☐ Married           | Divorced          | ☐ Single Parent   | [please tick one] |  |  |
| Current Mailing<br>Address   |                     |                     |                   |                   |                   |  |  |
| Telephone (Home)   |                     |                     | Fax number (if ap | oplicable)        |                   |  |  |
| Mobile   |                     |                     | E-mail            |                   |                   |  |  |
| Is your parent(s)/ guardia  Emergency contact det  Name  |                     | e (muividuai Liie)  | customer?         |                   |                   |  |  |
|  |                     |                     |                   | Relationship      |                   |  |  |
| Telephone No.  |                     |                     |                   |                   |                   |  |  |
| B – Parent/Guardian Financial Position  Please enclose Certified True Copy of your parents' Form J.  1. Father/Guardian  |                     |                     |                   |                   |                   |  |  |
| Name:  |                     |                     | NRIC              | NRIC              |                   |  |  |
| Telephone No. Age  |                     |                     | Name of Employe   | Name of Employer: |                   |  |  |
| Occupation:  |                     |                     | Annual Income: I  | Annual Income: RM |                   |  |  |
| 2. Mother  |                     |                     |                   |                   |                   |  |  |
| Name:  |                     |                     | NRIC              |                   |                   |  |  |
| Telephone No.  |                     | Age                 | Name of Employe   | er:               |                   |  |  |
| Occupation:  |                     |                     | Annual Income: I  | RM                |                   |  |  |

ING Insurance Scholarship Page 1 of 5

|  |                            |  |                |              | Rela             | tionship          | Age                    |
|--|----------------------------|--|----------------|--------------|------------------|-------------------|------------------------|
| 1.   |                            |  |                |              |                  |                   |                        |
| 2.   |                            |  |                |              |                  |                   |                        |
| 3.   |                            |  |                |              |                  |                   |                        |
| 4.   |                            |  |                |              |                  |                   |                        |
| 5.   |                            |  |                |              |                  |                   |                        |
| 6.   |                            |  |                |              |                  |                   |                        |
| 7. C – Academic Achievement  |                            |  |                |              |                  |                   |                        |
| List below the education enclose Certified True (  | Copy of all c              | ertificates and a                              | cademic trans  |              |                  | l of examinati    | on passed. Please      |
| Diploma/Matriculation/Certiicate   |                            | Name of Educational Institution or School From |                | From         | Year<br>om Until |                   | Passed/Grades Obtained |
| Diploma (CGPA)   |                            |  |                |              |                  |                   |                        |
| Matriculation/Asasi (CGPA)   |                            |  |                |              |                  |                   |                        |
| STPM   |                            |  |                |              |                  |                   |                        |
| SPM  |                            |  |                |              |                  |                   |                        |
| D. A.D.  |                            |  |                |              |                  |                   |                        |
| PMR  2. List below any scholast  | ic award an                | d honours you o                                | btained, indic | ating the da | ites and ba      | asis of selection | on. Please enclose th  |
| List below any scholast relevant Certified True  | ic award an<br>Copy of you | d honours you of r achievement.                |                | ating the da | ites and ba      |                   |                        |
| List below any scholast  | ic award an<br>Copy of you | d honours you o<br>r achievement.              | btained, indic | ating the da | ites and ba      |                   | on. Please enclose the |
| List below any scholast relevant Certified True  | ic award an<br>Copy of you | d honours you o<br>r achievement.              |                | ating the da | ates and ba      |                   |                        |
| List below any scholast relevant Certified True  | ic award an<br>Copy of you | d honours you o<br>r achievement.              |                | ating the da | ites and ba      |                   |                        |
| List below any scholast relevant Certified True  | ic award an<br>Copy of you | d honours you o<br>r achievement.              |                | ating the da | ites and ba      |                   |                        |
| List below any scholast relevant Certified True  | ic award an                | d honours you o<br>r achievement.              |                | ating the da | ites and ba      |                   |                        |
| List below any scholast relevant Certified True  | ic award an                | d honours you o<br>r achievement.              |                | ating the da | ites and ba      |                   |                        |
| List below any scholast relevant Certified True  Award/Honour  | ic award an                | d honours you o'r achievement.                 | Date           | ating the da | ites and ba      |                   | of Selection           |
| 2. List below any scholast relevant Certified True  Award/Honour  3. Language Proficiency  Rating                                    | ic award an<br>Copy of you | r achievement.                                 | Date           |              | tes and ba       | Basis o           | of Selection           |
| 2. List below any scholast relevant Certified True  Award/Honour  3. Language Proficiency  Rating  Language                          | Copy of you                | r achievement.                                 | Date           | nt [         |                  | Basis o           | of Selection           |
| 2. List below any scholast relevant Certified True of Award/Honour  3. Language Proficiency Rating Language  Bahasa Malaysia English | □ Fair                     | Spoke  | Date  n        | nt [         | Fair             | Basis of Writte   | en Excellent           |
| 2. List below any scholast relevant Certified True of Award/Honour  3. Language Proficiency Rating Language  Bahasa Malaysia         | □ Fair                     | Spoke  | Date  n        | nt [         | Fair             | Basis of Writte   | en Excellent           |

3. Family Expenditure

What is the estimated monthly expenditure of your family? \_

List below their details. Please attach separate sheet if you have more than 7 siblings.

4. Details of Family Members (Siblings only):

ING Insurance Scholarship Page 2 of 5

### D - Leadership Qualities

List below the activities that you have participated actively in leadership role (e.g. Chairman of English Society) in academic, sport activities (e.g. Treasurer of Sport House) and community/charity works (e.g. Committee Member of School Charity Drive) for the past 3 years

| Type of Activity   | Title & Responsibilities           | rear       |       |  |  |  |  |
|--|------------------------------------|------------|-------|--|--|--|--|
| Type of Activity   | Title & Nesponsibilities           | From       | Until |  |  |  |  |
|  |                                    |            |       |  |  |  |  |
|  |                                    |            |       |  |  |  |  |
|  |                                    |            |       |  |  |  |  |
|  |                                    |            |       |  |  |  |  |
| E – Hobbies & Interests  List below your hobbies, interests and other social activities. Please feel free to include further information about any activity you consider particularly relevant or important. |                                    |            |       |  |  |  |  |
| Do you have any Relatives/Friends work If YES, please indicate below :   | ing in ING Insurance Berhad? Yes □ | No 🗌       |       |  |  |  |  |
| Name :   | Relationship :                     | Division : |       |  |  |  |  |

ING Insurance Scholarship Page 3 of 5

# F – Further Information (In your own handwriting, please answer the followings) 1. What are your career goals? 2. In not more than 200 words, please describe how ING Insurance Scholarship will help you excel in your studies.

ING Insurance Scholarship Page 4 of 5

### **Declaration**

I declare that the information I have provided in this application form is, to the best of my knowledge and belief, correct and complete. I hereby authorize ING Insurance Berhad to make reference checks and to ensure information in this Application is true for whatever purpose.

I understand that a misrepresentation or omission of facts called herein will be sufficient cause for cancellation of consideration for employment or dismissal from the company's services if I have been employed.

I agree that any of my personal information collected or held by ING INSURANCE BERHAD (ING) in this form is provided with my consent for it to be held, used, and disclosed by ING to individuals or organizations associated with ING or any selected third party vendors or agencies (within or outside of Malaysia, including entities within or associated with the ING Group) to process this application and fulfill other related verifications including educational and character background screening, identifying me for enrolment and registration for the training sessions and tracking enrolments thereof, determining logistical arrangements and training needs, any company related promotional activities, preparing attendance lists, recording in internal systems for internal and reporting for any such purposes in accordance with prevailing laws, regulations and/or guidelines. I understand that I am entitled to obtain access to and to request correction of any personal information held by ING and that such request can be made to ING's Human Capital Division.

Saya bersetuju bahawa sebarang maklumat peribadi saya yang disimpan atau dipegang oleh ING INSURANCE BERHAD (ING) dalam borang ini telah diberi kebenaran oleh saya untuk disimpan, digunakan dan didedahkan oleh ING kepada individu atau organisasi yang berkaitan dengan ING atau mana-mana vendor pihak ketiga yang dipilih atau agensi-agensi (di dalam atau luar Malaysia, termasuk entiti di dalam atau yang berkaitan dengan Kumpulan ING) untuk memproses permohonan ini dan memenuhi pengesahan berkaitan yang lain termasuk pemeriksaan latar belakang pendidikan dan karakter, mengenal pasti diri saya untuk kemasukan dan pendaftaran untuk sesi latihan dan penjejakan pendaftaran itu, menentukan pengaturan logistik dan keperluan latihan, mana-mana syarikat yang berkaitan aktiviti-aktiviti promosi, senarai kehadiran menyediakan rakaman dalam sistem dalaman dan membuat laporan bagi sebarang maksud itu mengikut undang-undang dan peraturan-peraturan, dan/atau garis panduan. Saya faham bahawa saya berhak untuk mendapatkan akses kepada dan membuat permintaan untuk meminda sebarang maklumat peribadi yang dipegang oleh ING dan bahawa permintaan itu boleh dibuat kepada Bahagian Sumber Manusia ING.

Important note: If you include any details that you know to be false or if you withhold relevant information, you may render yourself liable to disqualification from the scholarship award.

| Applicant's signature | Date |  |
|-----------------------|------|--|

ING Insurance Scholarship Page 5 of 5