

Filing form

Date: _____

Agency Name:

Box No.

Total of Documents

Passports /

Others /

Representative / L.O.

Name:

: : : : : : : : : : **For official use** : : : : : : : : : :

Diploma <input type="checkbox"/>	Islam Certificate <input type="checkbox"/>	Visa <input type="checkbox"/>	No Medical <input type="checkbox"/>	NBI <input type="checkbox"/>
Contract <input type="checkbox"/>	Passport Validity <input type="checkbox"/>	Request <input type="checkbox"/>	Medical Exp <input type="checkbox"/>	No Sticker <input type="checkbox"/>
OEC <input type="checkbox"/>	Over/Under, Age <input type="checkbox"/>	E- Code <input type="checkbox"/>	Unfit Med. <input type="checkbox"/>	Exp. Visa <input type="checkbox"/>
LTO <input type="checkbox"/>	No Authority <input type="checkbox"/>	Transmittal <input type="checkbox"/>	Coded Other <input type="checkbox"/>	R. <input type="checkbox"/>

Remarks

Total of Violations: _____ EX. _____

Notes: