

SURVEY FORM

UNDERSTANDING YOUR NEEDS / MEMAHAMI KEPERLUAN ANDA



Career Survey 1:

1. Does your work been affected by MCO?

<input type="checkbox"/>	Yes. Why?	<input type="checkbox"/>	No.
<input type="checkbox"/>	Lost Job		
<input type="checkbox"/>	Pay Cut		
<input type="checkbox"/>	No Bonus		
<input type="checkbox"/>	No Promotion		

2. Current Job Occupation:

<input type="checkbox"/>	Executive	<input type="checkbox"/>	Sales/Marketing	<input type="checkbox"/>	Self Employed
<input type="checkbox"/>	IT	<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Others(please mention):
<input type="checkbox"/>	Engineer	<input type="checkbox"/>	Manager		
<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Retail Online/Shop		

3. What is your current monthly income?

<input type="checkbox"/>	< RM3,000
<input type="checkbox"/>	RM3,000 - RM5,000
<input type="checkbox"/>	RM5,000 - RM10,000
<input type="checkbox"/>	>RM10,000

4. What are the factors that you would consider when choosing a career?

<input type="checkbox"/>	Visualized Career Prospect	<input type="checkbox"/>	Satisfaction
<input type="checkbox"/>	Good reward	<input type="checkbox"/>	Challenge
<input type="checkbox"/>	Promotion Opportunity	<input type="checkbox"/>	Self-development
<input type="checkbox"/>	Recognition	<input type="checkbox"/>	Working environment
<input type="checkbox"/>	Flexibility		

Personal Particulars / Butir-Butir Peribadi

Full Name / Nama Penuh: _____

NRIC No. / No. Kad Pengenalan: _____ Date of Birth / Tarikh Lahir: _____

Tel No. / No. Tel: _____ Profession / Pekerjaan: _____

Email / Emel: _____

Address / Alamat: _____

Highest Education: (Secondary Level / Diploma / Degree / Master / PHD) _____

The information which you have provided in this form may be used by Great Eastern Life Assurance (Malaysia) Berhad (the Company), its agents, and the related companies of the Company to keep you updated with important announcements, information and news about the Company, its products, services, promotions and offers from time to time. You may withdraw your consent to any of the above communications by calling Customer Service Careline at 1300-1300 88 or by writing to us at wecare-my@greateasternlife.com. Maklumat yang anda berikan dalam borang ini akan digunakan oleh Great Eastern Life Assurance (Malaysia) Berhad (Syarikat), ejennya dan syarikat yang berkaitan dengan Syarikat untuk memastikan anda dimaklumkan dengan pengumuman penting, maklumat dan berita berkenaan Syarikat, produk, perkhidmatan, promosi dan tawaran dari semasa ke semasa. Anda boleh menarik balik kebenaran ke atas mana-mana komunikasi tersebut dengan menghubungi Talian Perkhidmatan Khidmat Pelanggan di talian 1300-1300 88 atau menulis kepada Syarikat di wecare-my@greateasternlife.com.

AGENT DETAILS

Agent Name :	_____
Agent ID :	_____
Location :	_____
Date :	_____

Signature / Tandatangan: _____

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Career Survey 2 (Undergraduate/Fresh Graduates)

1. Do you work part time?

<input type="checkbox"/>	Yes.
<input type="checkbox"/>	Pomoter
<input type="checkbox"/>	Tutor
<input type="checkbox"/>	Admin
<input type="checkbox"/>	Waitress

<input type="checkbox"/>	Online Marketing
<input type="checkbox"/>	Insurance
<input type="checkbox"/>	MLM
<input type="checkbox"/>	KLO
<input type="checkbox"/>	Others(please mention):

<input type="checkbox"/>	No.
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2. What is your part time income per month?

<input type="checkbox"/>	<RM1,000
<input type="checkbox"/>	RM1,000 - RM2,500
<input type="checkbox"/>	RM2,500 - RM5,000
<input type="checkbox"/>	>RM5,000

3. Why part time?

<input type="checkbox"/>	To Support Education Fee
<input type="checkbox"/>	To Enjoy Better Lifestyle
<input type="checkbox"/>	Self Improvement/Challenge

4. What are the factors you consider when choosing a part time?

<input type="checkbox"/>	Good Pay
<input type="checkbox"/>	Self Development
<input type="checkbox"/>	Related To Course
<input type="checkbox"/>	Flexibility Hours

Personal Particulars / Butir-Butir Peribadi

Full Name / Nama Penuh: _____

NRIC No. / No. Kad Pengenalan: _____ Date of Birth / Tarikh Lahir: _____

Tel No. / No. Tel: _____ Profession / Pekerjaan: _____

Email / Emel: _____

Address / Alamat: _____

College/University Name: _____

Course: _____ Year: _____

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