**First, Last Name**

*Job Position*

|  |  |
| --- | --- |
| **Gender** | Male |
| **Expiry Date:** | June 2021 |
| **Date of Birth:** | July 15, 1987 |
| **Contact Number:** | +1 123-456-7890 |
| **Blood Group:** | AB+ |

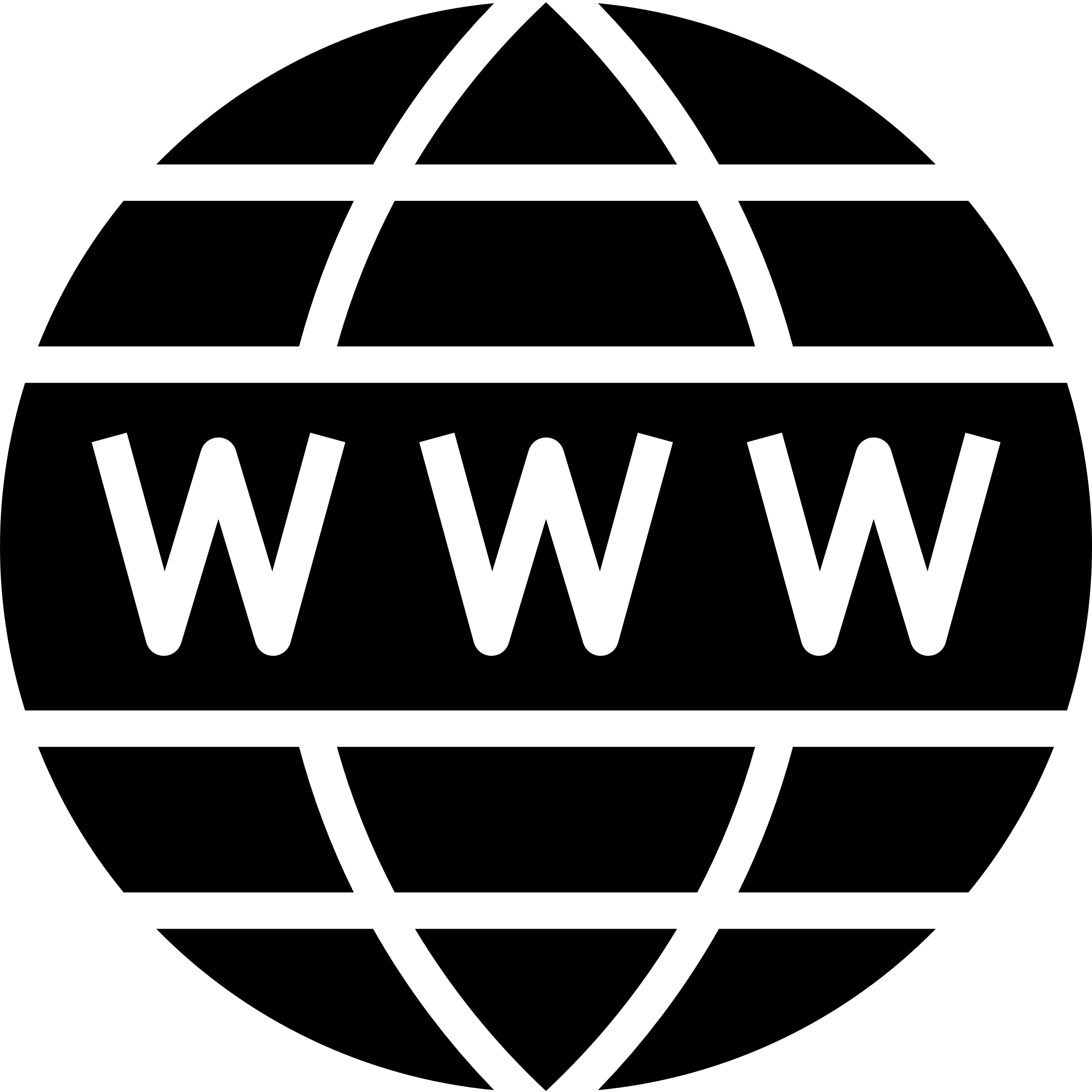
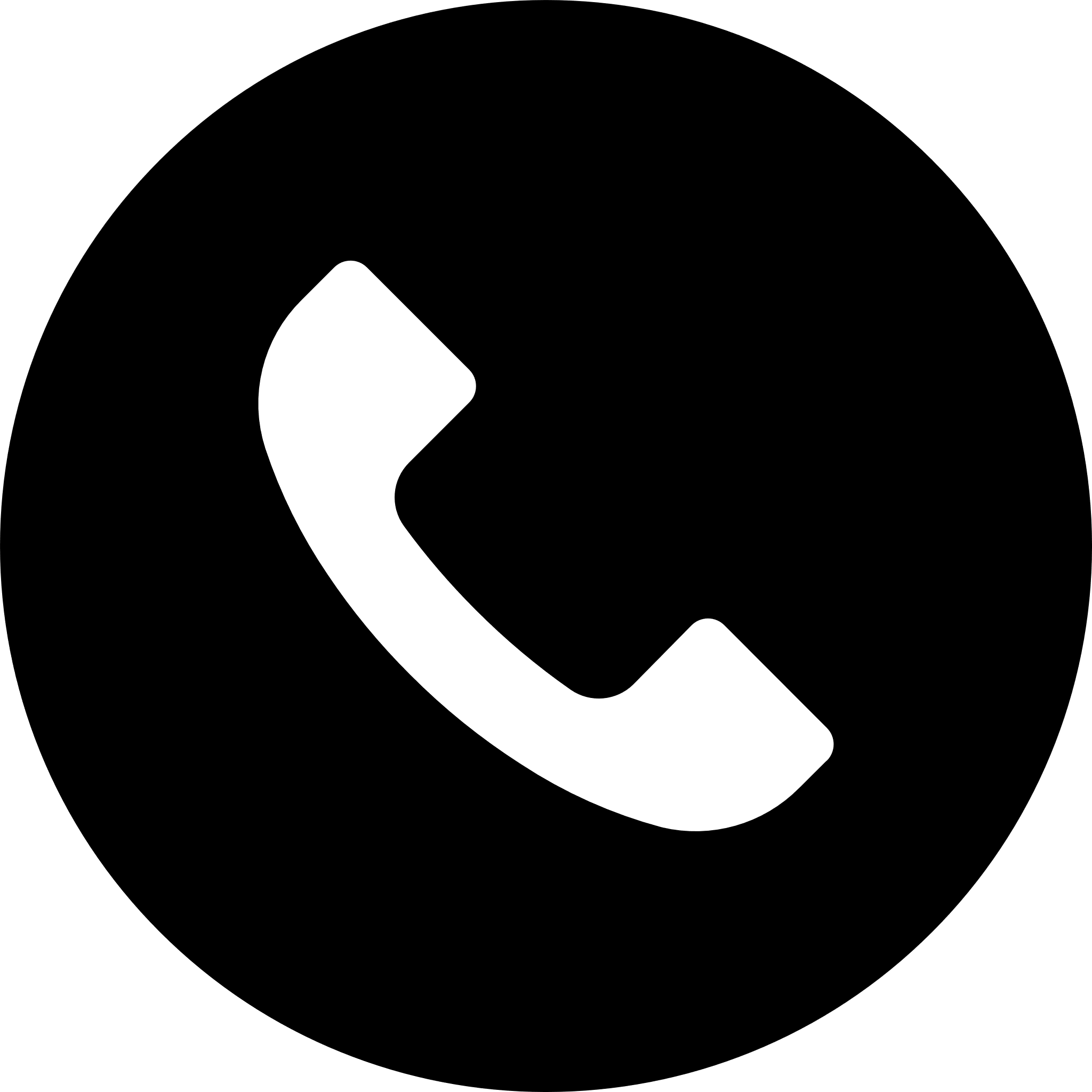
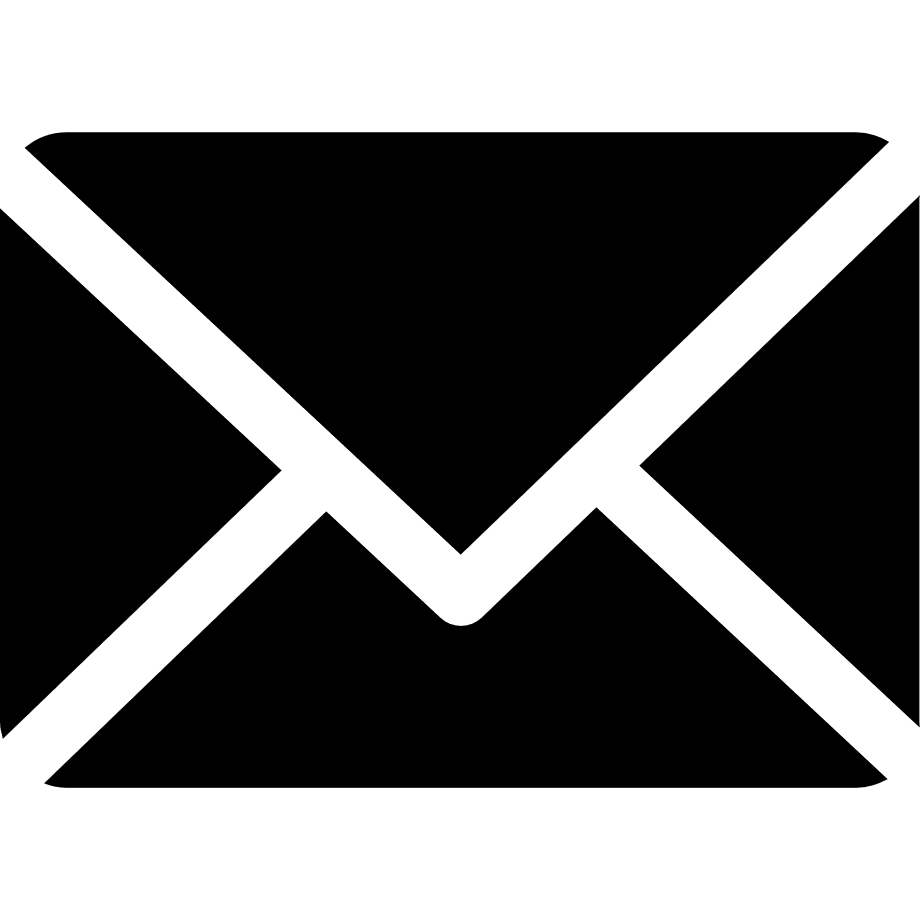
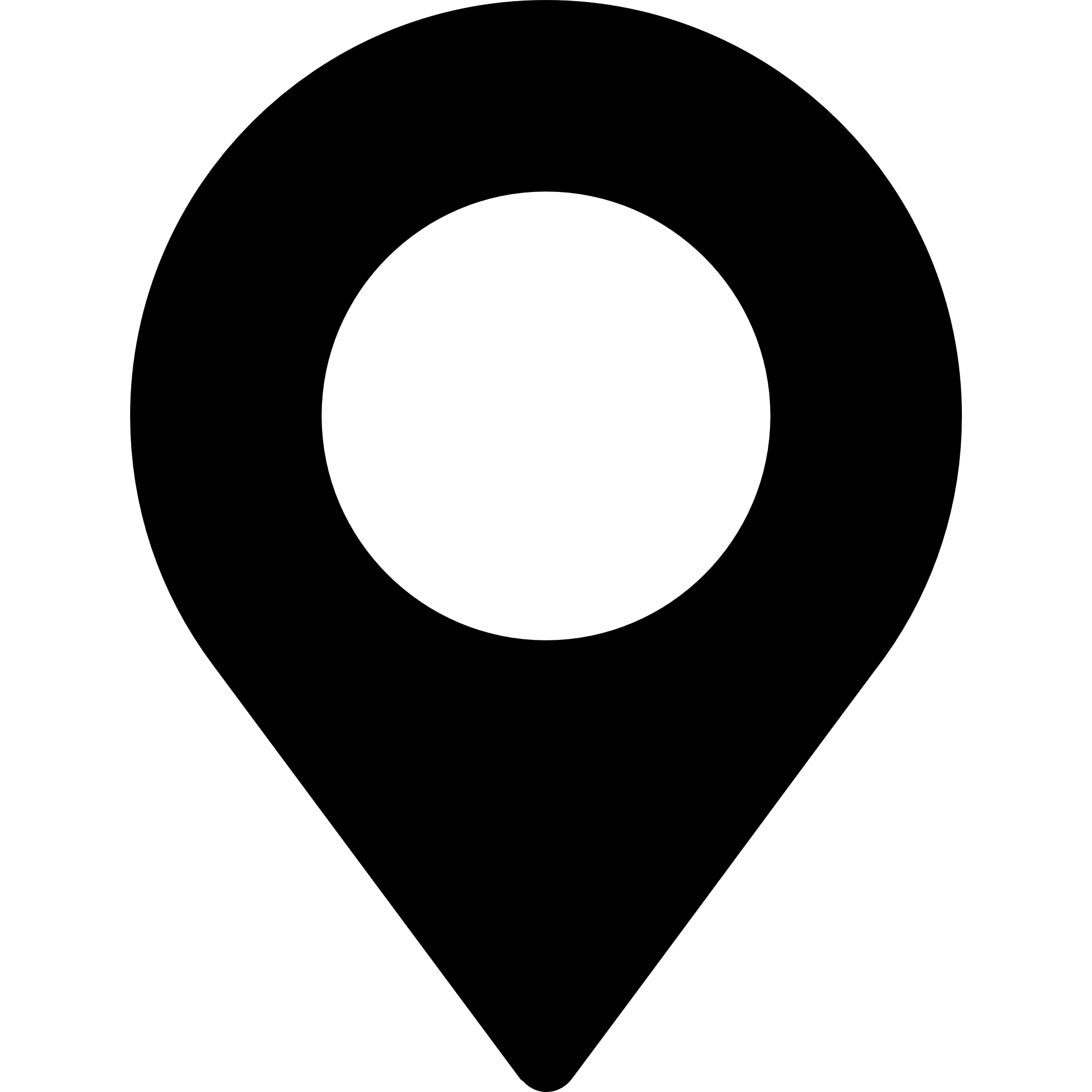
**Business Name**

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**ID NO: 1234567890**

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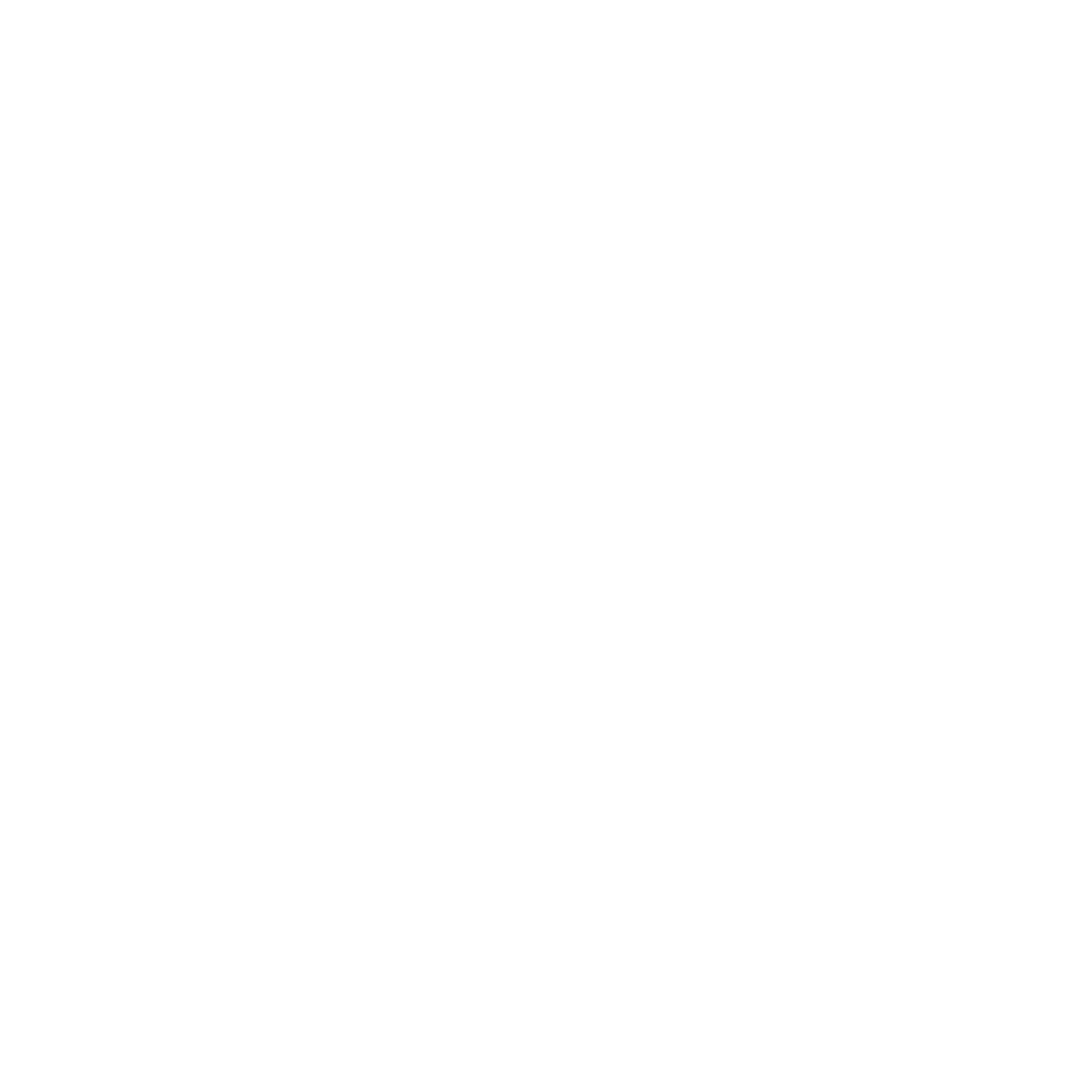
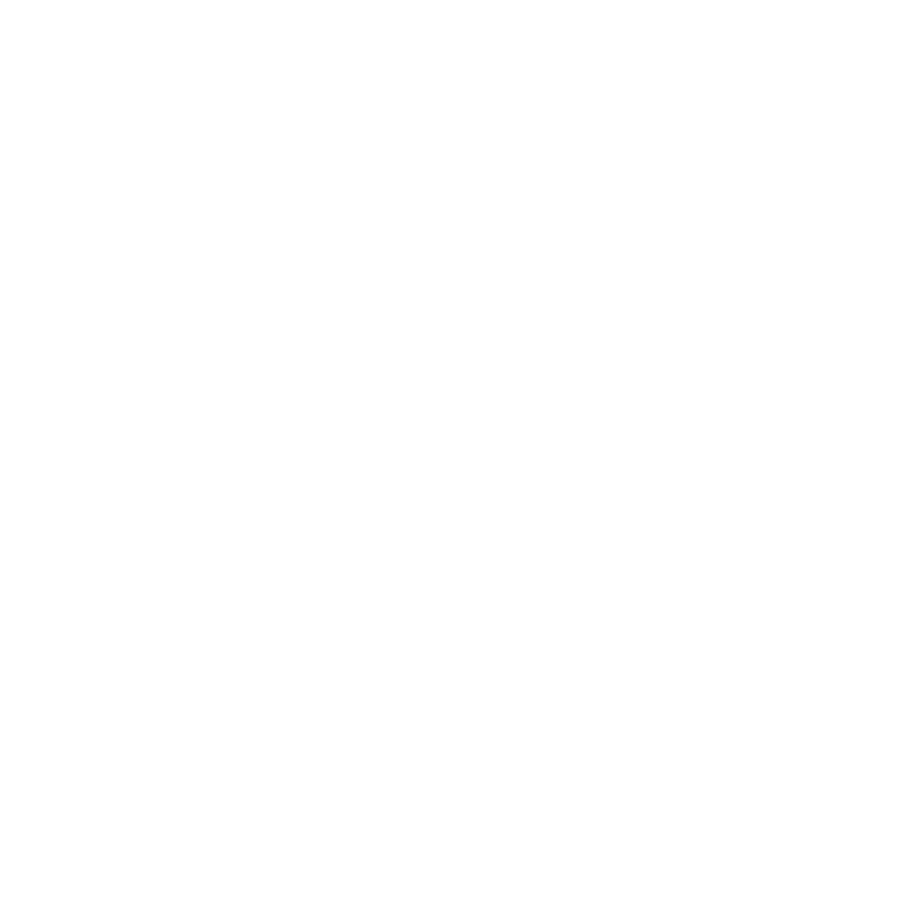


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Signature Authority

Job Position

Terms & Conditions

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