**ID NO: 1234567890**

**First, Last Name**

Job Position

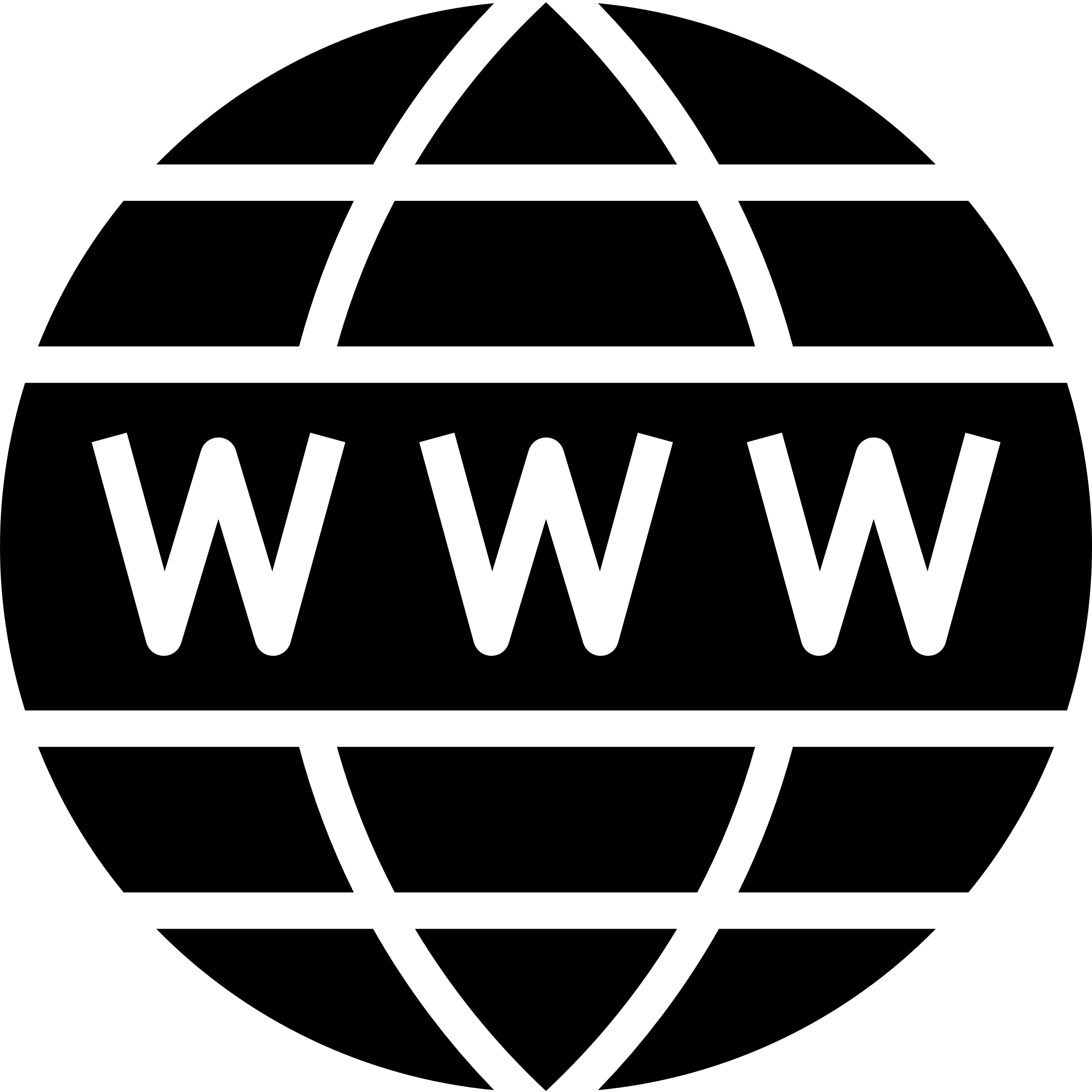
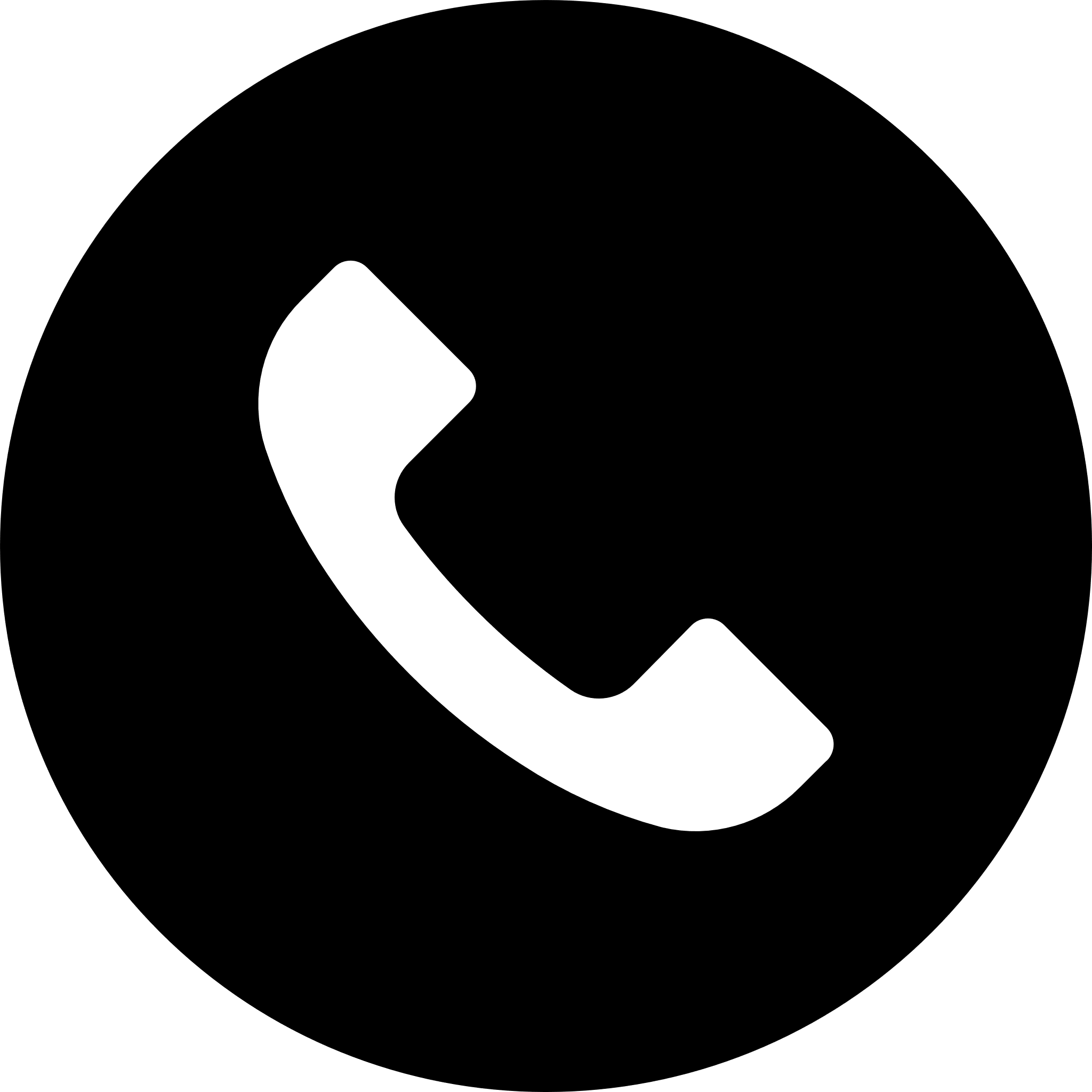
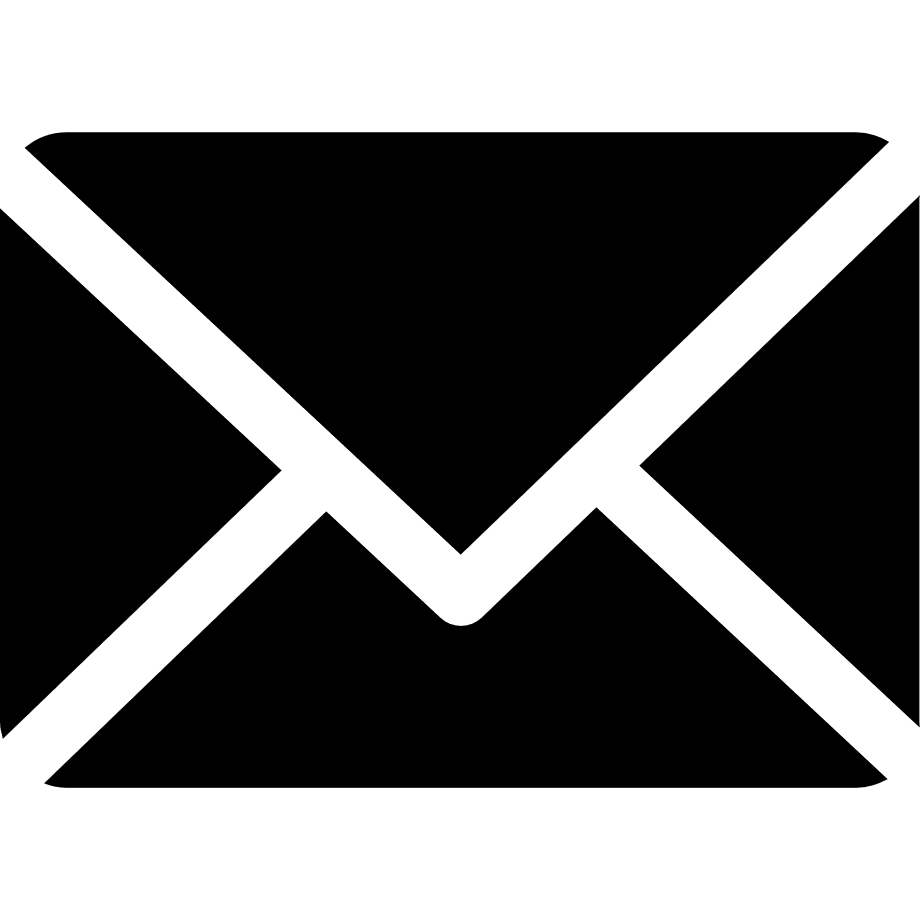
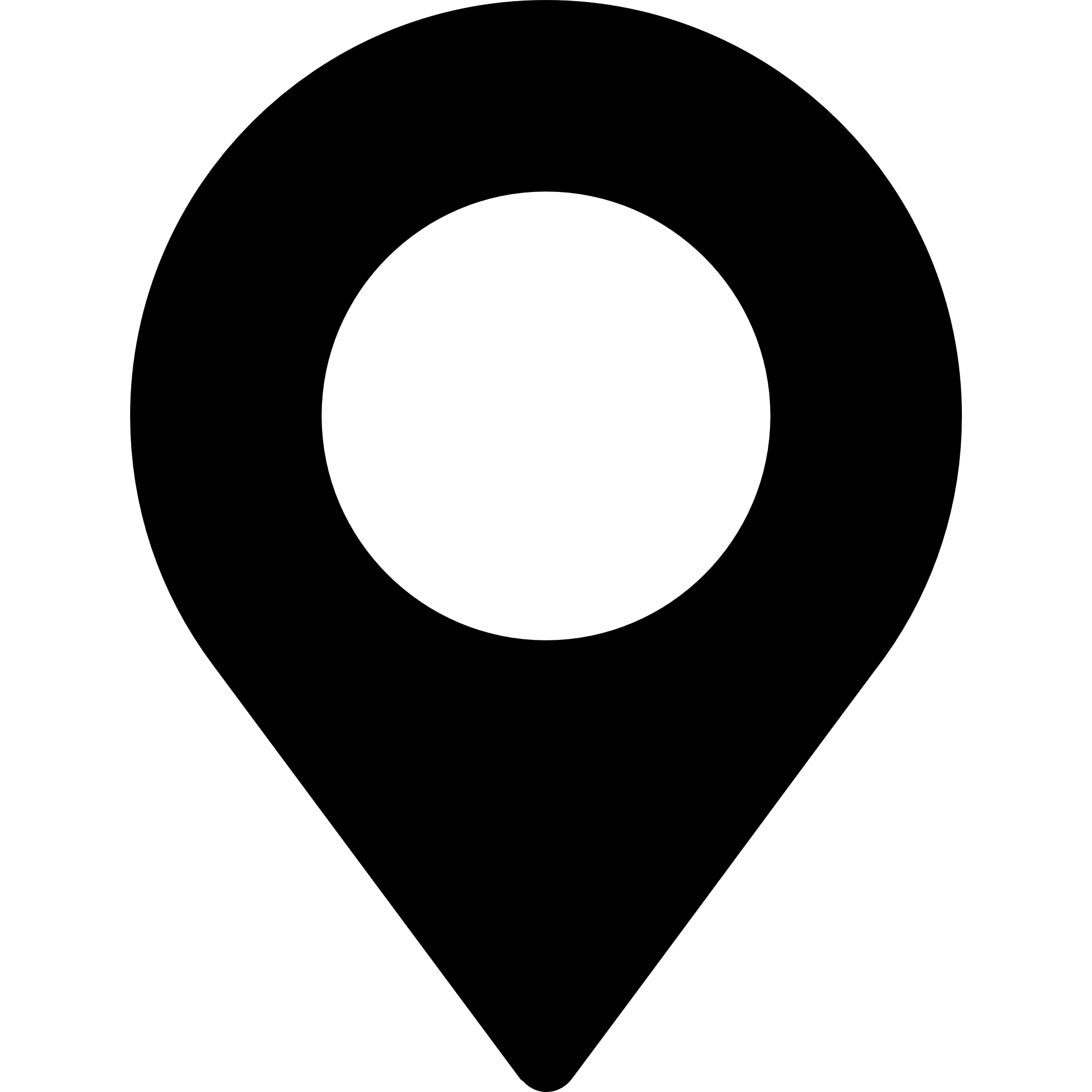
|  |  |
| --- | --- |
| **Gender** | Male |
| **Expiry Date:** | June 2021 |
| **Date of Birth:** | July 15, 1987 |
| **Contact Number:** | +1 123-456-7890 |
| **Blood Group:** | AB+ |





**Business Name**

Lorem ipsum dolor sit amet, consectetur



123 street address, City State, Zip Code

email@OfficeTemplatesOnline.com

123-456-7890, 444-555-COMP

https://www.OfficeTemplatesOnline.com

Signature Authority

Job Position

Terms & Conditions

* Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor
* Incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation.
* Ullamco laboris nisi ut aliquip ex ea commodo consequat