**FORM D**

**RETURN BY EMPLOYER**

**(Please type or write in Block Letters)**

**NAME OF EMPLOYER:** …………………………………………………………………………………………………………………………………………………………………

**Ministry/ Firm/ Company/ Trade Name**

……………………………………………………………………………………………………………………………………………………………………………………………………..

**(Division/ Department/ Section/ Branch)**

**ADDRESS OF EMPLOYER:** ……………………………………………………………………………………………………………………………………………………………..

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| --- | --- | --- | --- | --- | --- |
|  **Name of person in full** **arranged according to the** **alphabetical order of the surname** |  **Place of Abode** |  **Sex** |  **Business** **or**  **Occupation** |  **Nature of****qualification** **under****Section 4** **(1) (e)** | **Whether****qualified** **as****Special****Juror** |
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