**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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