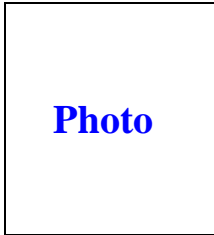


SENIOR CITIZEN'S CARD



Name :
Date of Birth :
Address :

Tel. No. :
Mobile :
Blood group :
Whether Diabetic :
Allergic to :

Contact Person 1

Name :
Tel No.
Mobile:

Contact Person 2

Name :
Tel No.
Mobile:

Contact Doctor

Name :
Tel No.
Mobile: