

Sheet1

LAST_NAME,C,14 FIRST_NAME,C,20 NUMBER,C,17 STREET,C,35 CITY,C,17 PROVINCE,C,24

Sheet1

POST__CODE,C,10 COUNTRY,C,15 PHONE_NO,C,30 FAX,C,14 RELATION,C,15 BIRTH_DATE,D

Sheet1

BIRTH_PLAC,C,20 BIRTH_CERT,C,20 AGE,N,6,2 MONTH_BORN,N,2,0 DAY_BORN,N,2,0

Sheet1

YEAR_BORN,N,4,0 DRIVER_LIC,C,20 DRIVER_EXP,D SOCIAL_INS,C,20 MEDICAL_IN,C,25

Sheet1

MEDICAL_EX,D PASSPORT,C,20 P_EXPIRE,D BUSS_ADD,C,54 BUSS_PHONE,C,20

Sheet1

PROFESSION,C,20 PHONE_NO2,C,30 PHONE_NO3,C,30 REMARKS,M