

Training contract application form

Please attach your photograph

Ms Karen Gwee
Head
Human Resources

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Singapore 048624

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Fax : +65 6225 1838

FOR TRAINING CONTRACT IN YEAR _____

| | | | | |
|--|----------------------------|------------------------------------|--------------------------|--------------------------|
| Honorific * | Title | | | |
| Full Name as per NRIC (Last Name in capital letters) | | | | |
| Name in Chinese Characters | | | | |
| Nationality | | | | |
| Expected Year for Completion of Part B Bar Course | | | | |
| Home Address | | | | |
| Telephone | Home _____ Mobile _____ | | | |
| Email | | | | |
| Please choose one Area of Practice | <input type="checkbox"/> | Corporate | <input type="checkbox"/> | Litigation & Arbitration |
| | <input type="checkbox"/> | Finance | <input type="checkbox"/> | Real Estate |
| | <input type="checkbox"/> | Intellectual Property & Technology | <input type="checkbox"/> | Tax & Wealth Management |
| | <input type="checkbox"/> | Regional | <input type="checkbox"/> | |

| | |
|--|--|
| National Service | Not Applicable |
| Written Languages | |
| Spoken Languages | |
| Academic Referee (Include contact details) | |
| Secondary Education (Please attach copies of supporting certificates) | School <input type="text"/> Date Attended <input type="text"/> to <input type="text"/> Qualifications <input type="text"/> <u>CCA</u> |
| Junior College (or equivalent) (Please attach copies of supporting certificates) | School <input type="text"/> Date Attended <input type="text"/> to <input type="text"/> Qualifications <input type="text"/> <u>CCA</u> |

**Undergraduate
Courses**

(Please attach
copies of supporting
certificates)

University

Date Attended to

Course

First Year Subjects & Results

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Second Year Subjects & Results

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Third Year Subjects & Results

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Fourth Year Subjects

Confirmed

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Optional

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Undergraduate

| | |
|---|------------|
| Courses (continued) | <u>CCA</u> |
| | |
| Please tell us why you would like to do your training at Dentons Rodyk. | |
| | |
| Please tell us more about yourself and the things that are important to you. | |
| | |
| Work Experience (including National Services) | |

| | | | | | | |
|--|--------------------------|-------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| Yes, I interned at Dentons Rodyk: | | | | | | |
| Practice Group you were attached to | <input type="checkbox"/> | Corporate | <input type="checkbox"/> | Finance | <input type="checkbox"/> | Intellectual Property & Technology |
| | <input type="checkbox"/> | Real Estate | <input type="checkbox"/> | Litigation & Arbitration | <input type="checkbox"/> | Tax & Wealth Management |
| Your mentor(s) | | | | | | |
| The period of your internship | | | | | | |
| Signature | | | | | Date | |
| | | | | | | |