

# Platinisafe - VIP Membership Application

## BECOME PART OF OUR EXCLUSIVE VIP COMMUNITY

PLATINISAFE stands for exclusivity, trust, and discretion. Our VIP membership is limited and only available by personal invitation or qualified application. Please complete the following form and send your resume.

### Personal Information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code / City: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Professional Information:

Current Job / Position: \_\_\_\_\_

Company / Organization: \_\_\_\_\_

Previous Relevant Experience: \_\_\_\_\_

**Why do you want to become a VIP member of PLATINISAFE?**

---

---

---

---

---

---

---

---

**Please send a recent resume in PDF format to:**

info@platinisafe.com

*Your information and documents will be handled confidentially. We will carefully review your application and contact you shortly.*