



REGISTRATION FORM FOR SHORT-TERM COURSES (COMPANY)

A. COMPANY IDENTIFICATION AND CONTACT

1. Name of Company : _____
5. Address : _____

3. Contact Person : _____ 4. Position : _____

5. Telephone No. : _____ 7. Email : _____

B. EMPLOYEES IDENTIFICATION AND MODULE REQUESTED

1. Name - 1	:	_____	NRIC	:	_____
Age	:	_____	Gender	:	_____
			Module No.	:	_____
2. Name - 2	:	_____	NRIC	:	_____
Age	:	_____	Gender	:	_____
			Module No.	:	_____
3. Name - 3	:	_____	NRIC	:	_____
Age	:	_____	Gender	:	_____
			Module No.	:	_____
4. Name - 4	:	_____	NRIC	:	_____
Age	:	_____	Gender	:	_____
			Module No.	:	_____
5. Name - 5	:	_____	NRIC	:	_____
Age	:	_____	Gender	:	_____
			Module No.	:	_____

C. FOR APPLICANT FROM PRIVATE SECTOR

1. Is your company registered with HRDF/PSMB: Yes (Please fill-in items 2 & 3)
 No (Please fill-in item 2 only)

2. Classification of Industry : Small
 Medium
 Large

3. HRDF/PSMB Registration No. : _____

D. COMPANY DECLARATION

I declare that all the above particulars are correct _____
(Company stamp, Signature and Date)

E. FOR OFFICE USE

1. Acceptance Date : _____

2. Note : _____