

Phone : 03-2246 3600 Fax : 03-2246 3601 Attn : En. Wahyu

	FOR OFFICE USE ONLY
Applicant No:	

## COURSE APPLICATION FORM

\*UMCCed has the right to reject incomplete application

1.	1. Course Title													2. Course Date								
	Course for Field Training Report																					
Α.	A. APPLICATION INFORMATION											_										
3.	Name																					
4.	IC No.										]			5	. Ag	e [			Yea	rs		
6.	Sex	Male		Fema	ıle																	
7.		el. No. (O) ax No. (O)		-					E-m		H/Ph	one				-						
8.	Name of Con	npany / Em	ployer*	•																		
9.	Company Ad	dress for In	voicing	Purpose	!S*																	
10	Pers	Tel. No. (O) on in chargon Department)		-							_	Fax N ·mail		0)		-						
Pay	ment by cheque	e / bank draft/	postal o	rder shoul	d be ma	ade pa	ayable t	to:														
Acc	Name : UMCCED Course Fee : RM 1908.00 (inclusive GST)  Acc. No : 8600227441  Bank : CIMB ISLAMIC BANK BERHAD																					
All	payments must	be received b	efore or	on the da	y of the	cour	se regi	stration	n. Plea	ise pi	rovide	e proo	f of	payn	nent	to us						
	GISTRATION	: Please comp before the c : NO cancella writing and	ommenc tion will	ement of be allowe	the cou d once	<u>rse</u> . you r	eceivec	l our Co	ourse	Conf	irmat	ion Le	tter.	. Can	cellat	ion s	hall be	e ma	de in			
<u>For</u>	office use only	: Invoic	e C	Course Bro	chure		Trainer	r's Prof	ile _	Pa	aymeı	nt _	] 0	fficia	l Rec	eipt		Certi	ificate	9		
-	completing and ase send to us v	_			-						nditio	ns.										