

REGISTRATION FORM

3D Design Certification Program

Company : _____

Company Reg. No. : _____

Mailing Address : _____

Contact Person (HR) : _____

HR Email address : _____

Department : _____

Tel : _____ (ext) : _____ Fax : _____

E-mail : _____

Training date

Class 1: 9th . 13th, 23rd . 27th October 2017

Class 2: 8th . 11th, 16th . 18th, 23rd . 25th November 2017

(Kindly indicate name as per NRIC)

No	Name	Class (1 / 2)	MyID Card	Mobile	Email	Academic qualification	Current Position
1							
2							
3							
4							
5							

Supporting documents to be attached:

	Copy of MyID (identity Card)
	Copy of Latest 1 month pay slip / confirmation letter from employer

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Authorized Signature (Company Stamp)

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Date