

REGISTRATION FORM

3D Printing Certification Program

Company : _____

Company Reg. No. : _____

Mailing Address : _____

Contact Person (HR) : _____

HR Email address : _____

Department : _____

Tel : _____ (ext) : _____ Fax : _____

E-mail : _____

Training date

Class 1: 10th – 13th October 2017

Class 2: 3rd, 4th, 10th & 11th 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

ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō

Authorized Signature (Company Stamp)

ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō ō

Date