COURSE APPLICATION FORM

课程申请表格





OURSE 课程名称						FOR OF	FICIAL USE	
START & END OF						Course Fee		
COURSE —————						Receipt Number	r	
ATE (课	是程日期):							
Туре	of Application 申请类型:	□Company Sp	onsored	公司赞助	□Se	lf-Funded 个人申请		
IMPOR	RTANT INSTRUCTIONS 重要	指示						
at En	ease complete the applicatior No 57-02, Jalan Austin Heigh nail: sputmspace@gmail.com 把课程申请表格填好并在开课	nts 8/5, Taman Moun ı	t Austin,	81100 Joh	or Bahru, Johor	, Malaysia. Tel: 018	-9620096	
	phor Bahru, Johor, Malaysia.				_			
2. Co	ompleted Application Form m	ist he accompanied	hv					
2.	 Copy of personal iden 	tification – I/Ċ	2.2	Copy of	SPM/SPMV/UE	EC/O-Level		
归 2. ⁻	在呈交课程申请表格时附上以 1 一份个人的身份证	下文件.	2.2	一份SPI	M/SPMV/UEC/0	O-Level相关证书		
	I payments may be made by nk - Organet.	EPF Withdrawal for	Education	on, Interbar	nk-Giro / Instan	t Transfer, JomPAY	or Online Paymer	
请	以公积金教育经费提款、银行	转账、JomPAY账单	缴费服务	平台或Orga	anet在线支付网	关 付费。		
	oplication form with incomplet 专业学院将不会接受不完整的		be consi	dered.				
co the 专	I information provided by studensent to Seada Prosper and e purposes of course adminis 业学院保证将谨慎处理学员个工集,使用和提供您的个人资料] Please tick here if you do n	New Asia Academy of tration, annual report 人资料并妥善保管。 作为课程行政管理,	collecting ting to the 通过填写 向监管机	g, using and e regulatory 此报名表格 构进行的年	d disclosing the bodies and oth selection with the bodies and oth selection with the bodies and other bodies and other bodies and bodies are bodies.	personal data proviner course informatic Seada Prosper 和 程通知用途。	ded in the form for on.	
	若您不同意专业学院使用您							
PERS	ONAL DETAILS 个人资料							
Full Na	ame: · as in NRIC 请依照身份证所登	W) - 44 101 1-4 1-4 1-7 1		中文姓名:				
(Name	as in NRIC 请依照身份证所到	登记的姓名填与)						
NRIC -	身份证号码				Gender 性别:	□ <i>Male 男</i>	□ Female 女	
Home .	Address 地址:							
Contac	ot Number 联络号码:	E-mail A	ddress 电	1.曲2:				
Date of	f Birth 出身日期:// <i>dd 日 mm 月 yy</i>		н	ighest Qua	lification 最高学	:历:		
Nationa	ality 国籍: □ <i>Malaysian</i> 马来	西亚公民口 Others ∌	其他:					
	ormation provided by stude							

PRESENT EMPLOYMENT DETAILS 在职资料							
Company Name 公司:							
Company Address 公司地址:							
Office No. 公司电话号码:	E-mail 电邮:						
Participant's Designation 学员职位:							
Office Contact Person 公司联络人:	Contact Person's Designation 公司联络人职位:						
Contact No. 联络号码:	Fax No.						
EMERGENCY CONTACT 紧急联络人							
Full Name:(Name as in NRIC 请依照身份证所登记的姓名填写)	中文姓名:						
(Name as in NRIC 请依照另份证例登记的姓名填与)							
Contact Number 联络号码:	Relationship 与学生关系:						
APPLICANT'S DECLARATION 申请人的声明							
I declare that all information given in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission is sufficient grounds for rejection of the application or withdrawal of any place that may be offered and that this withdrawal may take place at any stage during the course. I understand and accept the terms and conditions set by Seada Prosper Sdn Bhd and New Asia Academy Sdn Bhd. 我声明我在申请表格所提供的资料全部属实与完整。我了解如果我故意隐瞒资料或提供不正确的资料,专业学院将有权剥夺我上课的资格。 我了解并接受 Seada Prosper Sdn Bhd 和 New Asia Academy Sdn Bhd所规定的条例。							
							
Signature of Applicant 申请人的签	名 Date 日期						