

# APPLICATION FORM

## GENERAL & SBL PROGRAMME

### PROGRAMME DETAIL

Early Bird Registration	Group Registration	Normal Registration
<input type="checkbox"/> <b>RM1,800</b> /pax inclusive of GST	<input type="checkbox"/> <b>RM1,590</b> /pax inclusive of GST	<input type="checkbox"/> <b>RM1,950</b> /pax inclusive of GST

\* For public programme use only

Programme code : SSE6	Programme title : Succession Planning		
Venue :	Date :	Duration : 3 day(s)	

### ORGANISATION DETAIL

Name and address of organisation:    MyCoID:	Contact person :
	Department :
	Telephone no. : Ext:
	Fax no. :
	E-mail :

### PARTICULARS OF PARTICIPANT(S)

Name	NRIC / Passport No	Department	Designation	E-mail
1.				
2.				
3.				
4.				
5.				

(Please attach separate sheet if the space provided is insufficient)

### TERMS & CONDITIONS

By signing this form, you acknowledged that you have read, understood and agree to the terms and conditions stated hereunder:

- Training confirmation will be emailed to the respective participant(s) upon receipt of full payment prior to the event.
- Cancellation of any participant(s) is only allowed 14 days in advance from the event date to receive a 100% refund.
- Only 50% refund will be made for cancellation less than 14 days before the event.
- No refund will be given for "no-show".
- Substitutions of participant(s) is permissible from within the same organisation or company. However, request must be made in writing to DreamEDGE.
- The organiser reserves the right to refuse entry if payment is still pending on the day of attendance.
- The organiser reserves the right to cancel or to make any amendments and/or changes to the venue, date, time and trainer owing to unforeseen circumstances beyond its control. Notice will be given in advance.
- For HRDF's claim (SBL Scheme), all the process will be done by customer and it is subject to PSMB's approval.

### DECLARATION

I declare that the participant(s) listed above are an employee of our company and the information stated herein is true and correct.

**AUTHORISED SIGNATORY**

The authorised signatory MUST either be one of the following designation or equivalent:  
Chairman / CEO / General Manager / Manager / HR Executive / Training Dept. Exec.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_ Company Stamp: \_\_\_\_\_

### FOR DREAMEDGE USE ONLY

Received via : Email / fax / courier / other

Checked by: \_\_\_\_\_

DATE

Status:

☐ Complete and proceed for invoice

☐ Incomplete and request to resubmit

Name & signature: \_\_\_\_\_

Date: \_\_\_\_\_