

APPLICATION FORM

SBL-KHAS PROGRAMME

PROGRAMME DETAIL

Early Bird Registration	Group Registration	Normal Registration
<input type="checkbox"/> RM1,100/pax inclusive of GST	<input type="checkbox"/> RM980/pax inclusive of GST	<input type="checkbox"/> RM1,300/pax inclusive of GST
Programme code : EK03	Programme title : Press Machine Safety	
Venue :	Date :	Duration : 2 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)

PAYMENT INFORMATION

FOR HRDF REGISTERED EMPLOYER	FOR INDIVIDUAL OR NON-HRDF REGISTERED EMPLOYER								
<p>I declare that the participant(s) listed above are employee of our company.</p> <p>I hereby agree that the programme fee amounting to</p> <p>RM _____</p> <p>(Ringgit Malaysia:)</p> <p>is to be debited from our levy account. In the event the above-mentioned participants fail to attend, Dreamedge Sdn Bhd reserves the right to debit the above fee.</p>	<p>Payment Instruction</p> <ol style="list-style-type: none"> Fee must be paid in advance prior to the programme. Payment via cheque should be crossed and made payable to "DREAMEDGE SDN BHD" Payment must be banked in to Malayan Banking Berhad (MBBEMYKL) account number "5140 5718 1009" Application form must be submitted together with proof of payment. <p>Payment Details</p> <table> <tr> <td><input type="checkbox"/> Cheque</td> <td>Amount:</td> </tr> <tr> <td><input type="checkbox"/> Chq. no. Bank</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Bank Transfer</td> <td>RM _____</td> </tr> <tr> <td><input type="checkbox"/> Cash</td> <td></td> </tr> </table>	<input type="checkbox"/> Cheque	Amount:	<input type="checkbox"/> Chq. no. Bank		<input type="checkbox"/> Bank Transfer	RM _____	<input type="checkbox"/> Cash	
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<input type="checkbox"/> Chq. no. Bank									
<input type="checkbox"/> Bank Transfer	RM _____								
<input type="checkbox"/> Cash									

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.

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:
<div style="border: 1px solid black; padding: 5px; display: inline-block;">DATE</div>	