

Blk 118, Aljunied Ave 2, #02-100, Singapore 380118
TEL: 6339 7588 FAX: 63381442



REGISTRATION FORM FOR NON – ACADEMIC COURSES

COURSE APPLIED FOR : _____
COMMENCING DATE : _____ Remarks: Full Time/ Part Time

PERSONAL PARTICULARS

FULL NAME as in Identity Card: _____ SEX: Male / Female
NRIC / PASSPORT / FIN: _____ BIRTH DATE : _____
 Singapore / PR If Others – Nationality : _____ WORKED 2 MONTHS OR MORE? Yes / No
HOME ADDRESS : _____
TEL (Home) : _____ (OFFICE) : _____ Email : _____
PAGER / HP : _____ FAX : _____
DESIGNATION : _____ HIGHEST QUALIFICATION : _____

IF COMPANY SPONSORED AND APPLYING FOR SDF GRANT PLEASE PROVIDE COMPANY EASYNET ID NUMBER HERE : - C

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COMPANY NAME : _____ Contact Person : _____
COMPANY ADDRESS _____
Post Code: _____ Email: _____ Tel: _____
HOW DO YOU KNOW ABOUT US?
 ADVERTISEMENT Fax Recommendation by: _____ Company Chop: _____
If others please specify : _____

DECLARATION

I hereby declare that the above information is correct. I have read, understood and abide by the terms & regulation. I also understand that if I am applying for SDF assistance, I have to submit the completed original EASYNET APPLICATION FORM or make an online registration at www.sdf.gov.sg before joining the class and if SDF does not approved my application for what ever reason, my company or myself will have to pay the full course fee.

SIGNATURE: _____ DATE : _____

FOR OFFICE USE ONLY

AMT PAID: _____ RCPT NO: _____ CHQ NO: _____ DATE: _____