



COURSE DETAILS

Course Name : _____
Date : _____

PARTICIPANTS REGISTRATION FORM

Please register the following personnel.

No	Name	NRIC (for HRDF Claim)	E-mail Address	Contact Number	Fee (RM)
1.					
2.					
3.					
4.					
5.					
Total (RM)					

**Fee must be fully paid BEFORE the CLOSING DATE. Seat could only be confirmed upon payment.*

Payment:

Mode 1: Participants can come to **Admin & Finance department** to make the payment. **(cash term)**

Mode 2: Participants may use **BANK TRANSFER, INTERNET BANKING, TELEGRAPHIC** transfer or **CHEQUES** to :

UCTS CONSULTANCY & SERVICES SDN BHD, Bank Acc: BANK ISLAM (M) SDN BHD, 11068010010901.

(Note: Participants need to email the transaction slip as proof of payment and stated their name, IC and reason of payment to ramli.rashidi@ucts.edu.my / edwin@ucts.edu.my / khairunnisa.yunus@ucts.edu.my)

INDIVIDUAL/ COMPANY DETAILS (for issuance of invoice)

Organisation : _____

Co. Reg. No.* : _____

Address : _____ *if applicable

Contact person : _____

Tel No. : _____ Designation : _____

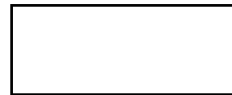
Fax No. : _____ Email : _____

Terms and Conditions

1. You may substitute the participant at any time without additional cost.
2. For cancellation, please write using company letter head within 7 days for full refund. After that we may impose 20% cancelation fee.
3. The organizer reserves the right to reschedule the date or change the training venue due to circumstance beyond our control.
4. All transactions are in Ringgit Cash Term

Authorized Signature

Company Stamp



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Date:

Contact persons:

Mr.Edwin / Mdm Khairunnisa (Tel: +(6)084-367538,
E-mail: edwin@ucts.edu.my / khairunnisa.yunus@ucts.edu.my)

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