REGISTRATION FORM

Company Address

Industry



$\frac{\textbf{SUPPORTING DOCUMENTS TO BE ATTACHED}}{\text{Please tick [/]}}$

 □ A copy of MyKad / Passport □ A copy of Application Form □ Proof of Payment Slip 				
A. COURSE INFO	RMATION			
Course Title	:			
Meal Choice (Halal)	□ Vege □ Non-Vege	□ Allergic		
B. PARTICIPANT	INFORMATION			
Saluation:	: Dato/Dr./Mr./Ms./Mdm/others:			
Full Name as per IC	:			
NRIC No./Passport No	:			
Gender	□ Male □ Female			
Race	□ Malay □ Indian	□ Chinese □ Others:		
Mailing Address	:			
Postcode	:	State :		
Mobile No.	:	Email :		
Job Status/Position	:			
C. EMPLOYER INFORMATION				
Name of Employer	:			
Company Reg No.	:	PIC Name :		
PIC Contact No	:	PIC Email :		

Service

□ Others: ___

☐ Construction, Automotive, Mining & Quarrying

Manufacturing

Agriculture

Infrastructor

	D. DECLARAT	ΓΙΟΝ			
1	. I (name) provided herew above course s	with are accurate to-date and agree to pay for the course fees of RM	declare all information		
2		Please make all payment to our bank account then notify us. Submit the Form, your scanned IC/Passport ID pages with the bank in slip /proof of payment to jean@axonconsultancy.com			
	Account Name Account Numb Bank Name: Branch: Bank Address:	per: 564061437703 Maybank Bhd Setapak			
	Bank SWIFT c				
3	The organizer reserves the right to make any amendments and/or changes to the training course, venue facilitator replacement and/or modules if warranted by circumstances beyond its control.				
4	Should you be unable to attend, we will accept your written cancellation by no later than 2 weeks prior to tintake in writing. You may recommend a substitute but will subject to approval.				
	Signature	:			
	Full Name	·			
	NRIC No.	:			
	Date	: C	Company Stamp		
How	w you get to know				
	WhatsApp Referral	□ FB Axon Page □ FB Group Page □ Email □ □ Others:	Google		