

BCLE2000 Course Registration Form (v2019.09)
Trainee's Particulars

NAME (Pls underline Surname): _____ (Mr/Ms/Mdm) POSITION: _____

ORGANISATION: _____

MAILING ADDRESS: _____

E-MAIL: _____ PHONE:(HP) _____ PHONE: (O) _____

Point of Contact for Registration & Payment (if different from above)

Name: _____ Phone: _____ Email: _____

Class Registering

Course ID	Class Date (Please Specify)	^^Fee	^GST	Total
BCLE2000	____ / ____ / ____ to ____ / ____ / ____	S\$4,200	S\$294	S\$4,494

^^ Price include Qualifying Exam. ^GST 7% is applicable to Singapore Residents and Singapore Organisations.

CITREP Claim (for Singapore Citizens & Permanent Residents)

Applying for CITREP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Apply by: <input type="checkbox"/> Individual (SGP Citizen) <input type="checkbox"/> Individual (PR) <input type="checkbox"/> Organization
	Trainee Name (as per NRIC): _____ Email: _____
	Sponsoring Organization: _____ Age 40 years old or Above: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Full Time in National Service: <input type="checkbox"/> Yes <input type="checkbox"/> No
	*** Please bring along your NRIC on Day1 of Class for our admin to SIGHT to ensure eligibility ***

Skill Future Credit (for Singapore Citizens)

Skill Future Credit to utilize: S\$ _____ (Please make sure there is sufficient fund in SFC)

Payment Method (Please check one)
 Cash Cheque (payable to CCS Enterprise (S) Pte Ltd) Interbank / Wire Transfer

Remarks: _____

Special Dietary Requirements (Please check one)
 No Preference Vegetarian No beef Halal

How did you find out this course?
 Internet Search Email/Mail Advertisement Exhibitions & Events Friends Others _____

I Agree to the terms and conditions

Company Stamp

Signature & Date