

Enrollment Form

Name : _____ Chinese Name: _____

I/C No: _____ Occupation: _____

Gender: _____ Race: _____ Nationality: _____

email Address: _____

Home Address : _____

Company Name : _____

Company Address : _____

Contact No : (Office) _____ (Fax) _____

(H/P) _____ (Home) _____

When is the best time to contact you? _____

Have you ever attended any courses at our centre? Yes No

If yes, what are the courses? _____

You know this course from: Sin Chew Jit Poh Metro Friend Faxing

UBSJ Website Bus Banner Others

Please Specify _____

Subjects to enrol:

1) _____ 2) _____ 3) _____

Remarks PBB A/C NO : 310 2517 302

For official use only

OR No: _____ Amount (Cash/ Cheque)RM _____ Balance to be paid _____

Coordinator _____ Date _____ Remarks _____

For Faxing Purposes:

Attn (MR/ MS) _____ From (MR/ MS) _____ Pusat Latihan Perdagangan UBS S/B