

**INDIVIDUAL COURSE ENROLMENT FORM**

**ATTN :** \_\_\_\_\_ **TEL :** 6323-7911 **FAX :** 6323-7955

**TRAINEE'S PARTICULARS**

If you have any queries please refer to our friendly Client Service Executives for assistance at 63237911.  
Please tick whichever is applicable. Mandatory fields are denoted with an asterisk (\*).

**Is trainee applying for CITREP Funding?**  Yes  No  
**Is trainee applying for SRP funding?**  Yes  No  
**Is trainee applying for SDF funding?**  Yes  No  
**Trainee is applying under**  Company Sponsored  Self-Sponsored

\*Participant Name : \_\_\_\_\_ \*NRIC NO : \_\_\_\_\_  
 (As per name in NRIC. Please write in BLOCKS.) \*Nationality : \_\_\_\_\_  
 \*Company : \_\_\_\_\_  
 Department : \_\_\_\_\_ Designation : \_\_\_\_\_  
 \*Address : \_\_\_\_\_  
 : \_\_\_\_\_ S ( )  
 \*Contact Numbers : Mobile \_\_\_\_\_ Office \_\_\_\_\_ Fax : \_\_\_\_\_  
 \*Email : \_\_\_\_\_ Sex :  M  F Age : \_\_\_\_\_  
 Qualification : \_\_\_\_\_

S/N	Course Title / Certification Title	Start Date	End Date	Duration ( Hrs )
1				
2				
3				

Session :  9:00am to 5:30pm  9:00am to 6:00pm  6:45pm to 10:15pm  Others: \_\_\_\_\_

**Particulars of Coordinator and Billing Contact/Authorizer Signature**

*Coordinator Name : _____	<b>Billing Contact (if different)</b> Name : _____ Tel : _____ Email: _____	Authorizer Signature _____ Date _____ Company Stamp _____
*Designation : _____		
*Tel : _____ Fax : _____		
*Email : _____		

Course Fee	S\$
Less Discount ( if any )	S\$ NA
Add Registration Fee	S\$ Waived
Add 7 % G.S.T.	S\$
Less SDF Grant	S\$ NA
<b>PLEASE PAY THIS AMOUNT :</b>	<b>S\$</b>

**Status Of Registration**

Confirmed By / Date

**Registration confirmation is subject to receipt of payment before course commencement**

**IMPORTANT: Please take note**

- Sponsored Company needs to apply for SDF grants and SRP absentee payroll at least 3 working days before course commence via SkillsConnect System in order to be eligible for funding. For more information, kindly log on to Skillsconnect System at [www.skillsconnect.gov.sg](http://www.skillsconnect.gov.sg)
- CANCELLATION/POSTPONEMENT CHARGES** are as follows:  
 2 to 3 weeks' written notice from start date of training - 50% of course fee for cancellation.  
 Less than 2 weeks' written notice from start date of training - 100% of course fee for postponement or cancellation.
- For cheque payment, please made the cheque payable to **Comat Training Services P/L**

Should you have any queries, please call our Client Service Executives at Tel: 6323-7977 or email us at [cse@comat.com.sg](mailto:cse@comat.com.sg).  
[CITREP funded courses](#)

For more information on CITREP application and claim procedure, please refer to  
<http://www.ida.gov.sg/programme> or <https://www.idaicms.gov.sg>