

**GROUP COURSE ENROLMENT FORM**

ATTN : TEL : 6323-7911 FAX : 6323-7955

**TRAINEE'S PARTICULARS**

Please tick whichever is applicable. Mandatory fields are denoted with an asterisk (\*).

Trainee is applying under  Company Sponsored  Self-Sponsored

\*Sponsoring Co. : \_\_\_\_\_ \*Tel : \_\_\_\_\_  
 \*Address : \_\_\_\_\_ \*Fax : \_\_\_\_\_  
 \_\_\_\_\_ S ( ) Date : \_\_\_\_\_  
 \*Coordinator Name : \_\_\_\_\_ Authorizer \_\_\_\_\_  
 \_\_\_\_\_ Signature \_\_\_\_\_  
 \*Designation : \_\_\_\_\_ & \_\_\_\_\_  
 \*Email : \_\_\_\_\_ Co. Stamp : \_\_\_\_\_  
 Billing Contact (if different) : \_\_\_\_\_ Duration : \_\_\_\_\_ Hrs  
 Billing Contact Tel No : \_\_\_\_\_ Billing Email : \_\_\_\_\_  
**Course/Certification Title** : \_\_\_\_\_  
 Start Date : \_\_\_\_\_ Session :  9:00am to 5:30pm  
 End Date : \_\_\_\_\_

**TRAINEES' PARTICULARS**

(Please use another Group Course Enrolment Form if there is not enough space.)

S/N	Name (As per name in NRIC. Please write in BLOCKS)	NRIC/PPT #	Dept/ Designation	Email
1				
2				
3				

Course Fee	S\$
Less Discount ( if any )	S\$
After Discount	S\$
Add 7 % G.S.T.	S\$
After G.S.T	S\$

**Status Of Registration**

Confirmed By / Date

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

**IMPORTANT: Please take note**

- CANCELLATION and 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**