

Name : _____ <small>(First, Middle, Last Name, Suffix)</small>		YEAR/BATCH: _____	
Rank : _____			
Course : _____			
Training Date : _____			
Package : _____		Package 1 - Training/Assessment Fee + Meals on Practical Day	
: _____		Package 2 - Training/Assessment Fee + Meals on Practical Day + Roundtrip shuttle	
: _____		Package 3 - Training/Assessment Fee	
		TOTAL TRAINING FEE _____	
Dormitory Details			
		- Not applicable for one 1-day practical training	
		- Please note that NETI requires all staying in the dormitory to present negative RAT result upon check-in.	
Room Type : _____		At this time all available rooms are single occupancy rooms for the safety of trainees.	
Check-In Date : _____		Check-out Date	_____
Dorm & Meals Rate : _____		Duration of Stay	_____
		TOTAL DORMITORY & MEAL FEE _____ -	
		TOTAL AMOUNT DUE (Training Fee + Dormitory & Meal Fee) _____	
This is to authorize NETI through NYK-Fil Ship Management, Inc. to deduct the total amount due from my monthly allotment as payment for the expenses in relation to my training/assessment.			
Confirmed by:			

Trainee (Signature over printed name)			

Revision : 05 as of 2019 Aug 23

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