



AUTHORITY TO DEDUCT (ATD) FORM FOR NTMA REVIEWEES

Name : _____ **YEAR/BATCH:** _____
(First, Middle, Last Name, Suffix)
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)