

ONLINE REGISTRATION: www.nevilleclarke.com

						Leistration. www.nevine	CIGI INCICOTII	
			Public Train	ing Course Reg	istration Fo	orm		
Please	use separate form	n for each course title						
Course	title (Please use t	the title as appeared	on the synopsi	s):-	Course Da	ate: 23/04/2018 to 27/04/2018		
CQI & IRO	CA Certified OHSAS 18	001:2007 Lead Auditor (O	H&S Management	t Systems) Training Co	ourse (17436) (C	DHS03)		
					HRDF scher	me: SBL scheme	☑ No	
Participant Full Name (for certificate purpose)				Desig	gnation	Email	Handphone No. *	
1	Syamsul Nizam Bin Azmee			QHSE N	1anager	syamsul.azmee@supply	60124883001	
2	Mr/Ms					networkagency.com		
3	Mr/Ms							
4	Mr/Ms	r/Ms						
5	Mr/Ms							
* This i	nformation is requ	uired for emergency	ourposes.	•				
Compa	ny Name:	Bumi Subsea N	Ialavsia Sdn B	hd				
	ss Nature:		Marine and Vessel Operation					
Address:			Lot , Jalan Mega 1/4, Taman Perindustrian Nusa Cemerlang					
Contact Person: Mr/Ms			Syamsul Nizam Azmee			Designation: Manager		
•			upplynetworkagency.com				Tel: 0124883001 Fax	
Course		RM #########	X 1	pax = RI	v 4028	10	`	
6% GST		RM	Total	- ·	vi 4028			
		IMIVI	Total	- KI	4020			
OPTION								
		not included in the tr	· ·					
Should		tance in hotel reserva						
	Single Room	Double	Room No. o	f Room :				
Check i	n Date:		Check	Out Date :				
Hotel a	rrangement is sub	ject to availability. A	I charges to be	e paid directly to	the hotel.			
Do you	need any vegeta	rian meal?	Yes	✓ No				
•	, ,							
Admini	strative Details							
Confirn	nation to this regi	stration will be sent t	o the "contact	person" above v	ia email. Plea	ase ensure that all information p	provided are valid	
to enak	le retrieval of ma	ils.						
Rights	for Changes							
		es rights to make any	changes to the	e course, venue a	nd trainer re	placements if warranted by circ	umstances	
beyond	its control.							
Payme	nt							
		ttled before the first (day of training	. For payment by	cheque, che	que should be crossed and mad	e pavable to	
	E-CLARKE (M) SDN		,	, , , , , , , , , , , , , , , , , , , ,		7		
	• •							
	ods and Services							
Trainin	g tees quoted wil	l be imposed with ad	ditional 6% GS	T for training con	duct on 1st A	April 2015 and onwards.		
	Purchase Order	No. (if any)		(Please attach with this Registration Form)				
		<u> </u>						
	•	NEMENT/ WITHDRA						
	-					Full course fee will be imposed		
		ent/Withdrawal after	registration is	s confirmed by B	SI Neville Cla	rke. However, substitutions are	allowed before	
class co	mmencement.							
V	I agree to the Te	rms and Conditions a	bove and plea	se proceed to co	nfirm this reg	gistration.		
_	Signed by:					,		
	,	/ Stamp & Signature		1				
	[]	. 5						
				Date :	5-Apr-18			
				Full Name :	Syamsul N	izam Bin Azmee		
<u> </u>				Designation :	QHSE Man	ager		

Kindly FAX the completed form to 03-2282 1508 or email to training.ncmkl@nevilleclarke.com