

REGISTRATION FORM

Please complete in **BLOCK CAPITALS** and return this form digitally using the desktop **Acrobat Reader software**, or by submitting a printed version via **scan** or **fax**. Some fields are not compatible with iOS or Android devices.

COURSE TITLE _____

COURSE DATE _____ LOCATION _____

Eleena

+603 2181 0869 eleena@mysheqa.com

+6012 210 1462 +603 21818292

A REGISTRATION FEES

PROGRAM	PRICE
<input type="checkbox"/> MECCE 2019 (Normal Price)	RM 950.00
<input type="checkbox"/> APCS PROGRAM + MECCE (FOC)	RM2,300.00
<input type="checkbox"/> IETS PROGRAM + MECCE (FOC)	RM2,300.00
<input type="checkbox"/> SCHEDULED WASTE + MECCE (FOC)	RM2,200.00

* Prices stated above are **EXCLUDES** of 6% ST

PAYMENT METHOD

Cheque Direct Deposit

HRDF Claimable Payable to : My SHEQA Group Sdn Bhd

Pay to : OCBC Bank Malaysia Account No : 7011522965

For Credit of : My SHEQA Group Sdn Bhd

Please read carefully the Rules & Regulation prior to completing this form. If you have received this form without the Term and Conditions, please contact the Training Provider

My SHEQA Group Sdn Bhd (1104379A)

B-7-14, Megan Avenue II, 12, Jalan Yap Kwan Seng, 50450 Kuala Lumpur, Malaysia

Please sent proof of payment to finance sales@mysheqa.com

RULES & REGULATIONS

Registration of participants will be confirmed upon receipt of full payment or an acceptable employers guarantee and settlement of previous outstanding dues.

My SHEQA Group Sdn Bhd will only issue a Certificate of Attendance to those participants who registered and attend all sessions.

A promotional discount/discount cannot be used in conjunction with any other offer or discount

CPD Hours

My Sheqa Group is committed to fulfill the requirements of EIMAS in obtaining maximum 8 CPD hours for MECCE 2019. However the final or approved CPD hours for MECCE 2019 is subject to the discretion of EIMAS

Payment Notice

Payment shall be made within 14 days from the date of invoice.

Complete payment must be received prior to the beginning of the course. Failing receipt of payment, MYSGSB reserves the right to either deny access to the class or with hold the course certificate.

Disclaimer

The Training Provider reserves the right to change the speaker, date, venue or to cancel the event if number of participants is less than 20. A minimum one (1) week notice will be given.

Replacements

Please notify us at least 14 days prior to the event if you intend to send a replacement.

Registration Deadline & Late Registration Fee

All registrations must be received no later than 14 days prior to the course start date.

Late registrations will be accommodated, provided: *seats are available

Confirmation of Registration

The confirmation letter will be emailed 14 days before the commencement of the event upon receipt of full payment. In the event that you do not receive the confirmation letter 14 days before the event, please contact us immediately.

Cancellation Policy

MYSGSB must receive cancellations in writing 14 days prior to the event date. Refund amount is subject to deduction of administration and finance charges with total of 10% from the training fees. No refund will be given for cancellations received within less than 14 days prior to the event date.

Failure to attend the course without prior notice (No-Show) will result in the loss of the or 10% cancellation fee will be charge

10% from training fee will be charge for any cancellation received within less than 14 days prior to the even date

B APPLICANT'S INFORMATION

1 NAME _____

IC.NO/PASSPORT _____ HP/PHONE NO _____

EMAIL _____ DESIGNATION _____

2 NAME _____

IC.NO/PASSPORT _____ HP/PHONE NO _____

EMAIL _____ DESIGNATION _____

3 NAME _____

IC.NO/PASSPORT _____ HP/PHONE NO _____

EMAIL _____ DESIGNATION _____

C SPONSOR'S INFORMATION (MAKLUMAT PENAJAAN)

SELF-SPONSORED

COMPANY SPONSORED

COMPANY NAME _____

MAILING ADDRESS _____

PERSON IN-CHARGE (HR) _____

MOBILE NO _____ DESIGNATION _____

PHONE NO EXT _____ EMAIL _____

PERSON IN-CHARGE (FINANCE) _____

MOBILE NO _____ DESIGNATION _____

PHONE NO EXT _____ EMAIL _____

To secure your participation, complete the form email to sales@mysheqa.com or fax to : 03- 21818292

D AUTHORIZATION (PENGESAHAN)

I am an authorized representative of the company with full power and authority to sign and deliver this application form. The company listed on this application and form agrees to comply with all the policies, rules and regulations contained on the reverse of this form, and all policies, rules and regulations adopted by the Training Provider from time to time.

NAME _____ DATE _____

DESIGNATION _____

SIGNATURE _____

CLICK HERE TO ATTACH
OFFICIAL STAMP COMPANY
Format Picture : png, jpg