

## APPLICATION FORM

| Р | hc  | to | a | ra | nl | h |
|---|-----|----|---|----|----|---|
|   | IIС | ıυ | u | a  | u  | П |

| SECTION A:   | PERSONAL PARTICULARS                              |               |  | (PLEASE USE BLOCK LETTERS) |                     |                       |  |  |
|--|---|---------------|--|----------------------------|---------------------|-----------------------|--|--|
| Name (as per IC/Passport):                             |   |               |  |                            |                     |                       |  |  |
| NRIC / Passport No:                                    | RIC / Passport No: Date of Birth (dd-mm-yyyy):    |               |  |                            |                     |                       |  |  |
| Gender: Male Female                                    |   |               |  |                            |                     |                       |  |  |
| Permanent Address:                                     |   |               |  |                            |                     |                       |  |  |
| City:S   | State:  |               | Post Code: _                                 |                            |                     |                       |  |  |
| Telephone No:  | ohone No: Mobile phone No:                        |               |  |                            |                     |                       |  |  |
| E-Mail:  |   |               |  |                            |                     |                       |  |  |
| Name of Parent/ Guardian:                              |   |               |  |                            |                     | _                     |  |  |
| Parent's / Guardian Address (if different from above): |   |               |  |                            |                     |                       |  |  |
|  |   |               |  |                            |                     |                       |  |  |
| City:S   | y:State:  |               | Post Code: _                                 |                            |                     |                       |  |  |
| House Telephone No: Mobile phone No:                   |   |               |  |                            |                     |                       |  |  |
| E-Mail:  |   |               | Office Telephone No:                         |                            |                     |                       |  |  |
| Relationship: Father Mother                            | elationship: Father Mother Next of KinOccupation: |               |  |                            |                     |                       |  |  |
| SECTION B: ACADEMIC QUALIFICATIONS                     |   |               |  |                            |                     |                       |  |  |
| Name Of School / College/ University attended          | From (Year)                                       | To<br>(Year)  | Programme Completed / Qualificat<br>Attained | tion                       | Actual<br>(PlsTick) | Forecast<br>(PlsTick) |  |  |
|  |   |               |  |                            |                     |                       |  |  |
|  |   |               |  |                            |                     |                       |  |  |
|  |   |               |  |                            |                     |                       |  |  |
|  |   |               |  |                            |                     |                       |  |  |
| SECTION C: WORKING EXPERIENCES                         |   |               |  |                            |                     |                       |  |  |
| Name Company   |   | Position Held |  | From<br>(Year)             | To<br>(Year)        |                       |  |  |
|  |   |               |  |                            |                     |                       |  |  |
|  |   |               |  |                            |                     |                       |  |  |
|  |   |               |  |                            |                     |                       |  |  |
|  |   |               |  |                            |                     |                       |  |  |
|  |   |               |  |                            |                     |                       |  |  |

| SECTION D:   | DOCUMENTS SUBMITTED   | (All Documents must be CERTIFIED true copy)                                |  |  |  |  |
|--|---|--|--|--|--|--|
| Document Checklist:  |   |  |  |  |  |  |
| Completed Application Form  2 Passport sized photographs  Please return your completed application f   | Certified True Copy of NRIC   | Certified True Copy of Results ee, registration fee and required documents |  |  |  |  |
| to:  Bank Account Bank Account Name of Bank  | : PROTEGE TRAINING CO<br>Number : 502111106241<br>: Malayan Banking Berhad  | ONSULTANT  |  |  |  |  |
| SECTION E: PROTÉGÉ   | RULES & REGULATIONS   |  |  |  |  |  |
| <ul> <li>Enrolment after the stiput</li> <li>Add drop period</li> <li>You are only allowed to</li> <li>Any request to add or dress</li> <li>Attendance</li> <li>You are required to attendance</li> </ul>  | add or drop subjects during the 1 <sup>st</sup> week op after the 1 <sup>st</sup> week of each semester wad all lectures, tutorials, and other classe | k of each semester only.<br>vill NOT BE ENTERTAINED.                       |  |  |  |  |
| SECTION F:   | STUDENT'S DECLARATION   | l  |  |  |  |  |
| <ul> <li>I declare that the information stated in this Application Form is true and correct.</li> <li>I understand that PROTEGE Training Consultant reserves the sole right to vary or reverse any decision regarding the admission or enrolment made on the basis of incorrect or incomplete information made by me. I understand that it is my sole responsibility to inform the centre in writing should there be any changes made to the information provided herein.</li> <li>I agree to abide by all the academic and administrative policies and regulations. This includes my submission of genuine copies of certificates and transcripts, which will not affect the endorsement in my home country. I agree to sign and abide by a separate set of administrative and academic policies, rules and regulations.</li> <li>I am aware and solely liable for the payment of ALL the required fees as stated in the Fees Schedules Statement. Failure to do so by the due date will lead to the termination of my enrolment and study at the centre.</li> <li>I understand that it is the sole right of the centre to change any of the subjects being offered during the duration of my study. I agree to abide by any of these subject change(s).</li> <li>I understand that if I do not attend any of the lesson(s) for more than one (1) semester without the written notice made to the centre registrar, the security deposit will be used as an administrative fee, and thus will not be refunded.</li> <li>I shall allow the centre to release all my academic progress and results to my parent(s), guardian(s), or sponsor(s) as deemed necessary by the centre.</li> <li>I shall allow PROTEGE Training Consultant to release all my personal information to any government or regulatory institutions by the legal and statutory regulations in Malaysia and/or my country of origin.</li> </ul> |   |  |  |  |  |  |
| Signature of Applicant / Parent: _   |   | Date:  |  |  |  |  |
| ☐ Full Acceptance  | Conditional Offer   |  |  |  |  |  |

Signature of Academic Director: \_\_\_\_\_ Date: \_\_\_\_\_