



RSA ACADEMY SDN. BHD.

Company No.: 200901009799 (852807-W)

(ISO 9001 Certified and ISO 17024 Accredited Company)

Training, Examination, Certification and Consultancy in Inspection and Non-Destructive Testing (NDT)

No. C-20-1, Jalan Raja Udang 1, River Front Business Centre, 24000 Kemaman, Terengganu, Malaysia.

Tel: +609 850 3380, Email: rsaacasb@gmail.com website: www.rsacademymalaysia.com



TRAINING ENROLMENT FORM

PLEASE SEND APPLICATION WITH YOUR PAYMENT AND THE NECESSARY ENCLOSURES TO:

RSA Academy Sdn. Bhd.

No. C-20-1, Jalan Raja Udang 1, River Front Business Centre,
24000 Kemaman, Terengganu Darul Iman, Malaysia.

Tel.: +609-850 3380 Fax: +609-850 3381

E-mail: rsaacasb@gmail.com

PLEASE USE CAPITAL LETTERS THROUGHOUT:

Course Information

Course Date : _____

Course Title : _____

Personal Particulars:

Name of the Candidate (as required on the certificate)

Identification Card Number: _____

Permanent Private Address: _____

Postcode : _____ City : _____

State: _____ Country : _____

E-mail: _____

Telephone / Mobile No.: _____

Mailing Address (if different from above):

Postcode : _____

Sponsoring Company : _____

Address : _____

Postcode: _____ E-mail : _____

Telephone No.: _____

Please tick:

☐ Self – Sponsored

☐ Company Sponsored

In the event of cancellation by you, the event fee and the accommodation fee (if applicable) will be returned less a cancellation charge of 20%. If less than 3 days' notice is given by you, RSA reserves the right to retain the whole fee. RSA reserves the right to cancel the event in case of insufficient registration or illness of lecturers. RSA will ensure maximum possible notice is given to the attendees and reserves the right to substitute lecturers and modify the course details as required.

METHODS OF PAYMENT

Full payment and/or Company Order no. must accompany this booking form. Bookings received without payment/order number will be treated as provisional which does not guarantee a place.

☐ Cheque/Bank Draft ☐ Online Payment ☐ Cash

made payable to: RSA Academy Sdn. Bhd.

OR Credit Card (Please Indicate if Company Card?) ☐ Yes ☐ No

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Card Holder's Signature: _____

Approving Manager's Name: _____

SPONSOR'S SIGNATURE :

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Date: _____

Company Stamp:

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Do you have a disability or any special needs relevant to this course or examination? (If yes, please provide details of any adjustments you may require)

☐ Yes (_____)

☐ No

Venue:

☐ RSA Academy Sdn. Bhd.

☐ Others (please specify) _____

RSA-TRN-QR-001-R04



SNT-TC-1A



ICORR





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Accommodation: ☐ Required ☐ Not required

For accommodation directory, please refer *Attachment 1*.

CANDIDATE – PLEASE NOTE

I understand that RSA Academy and its associated trading companies (and companies, organisations, or agents processing data on its behalf) will hold and use personal data supplied by me for administration purposes. The data may also be used to send separate unsolicited mailings containing details of events, new services, products etc. I understand that occasionally images of training and examinations are taken by RSA for publicity and other purposes and that permission for my inclusion in such material is implied unless I make it known to Customer Services at registration that I do not wish to feature.

I have read and understood the documentation issued by the scheme management that is relevant to the examination for which I am applying and declare that I satisfy those criteria covering vision, training, and experience. I accept responsibility for any examination fees in the event of non-payment by the sponsor. I agree to abide by the requirements for certification as relevant to the examination for which I am applying.

I have read the listing and include all the requested information. I understand that any false statement may result in the examination being invalidated.

Please tick : ☐ I confirm, understand and accept RSA's terms and conditions as attached.

CANDIDATE'S SIGNATURE :

Date :

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SNT-TC-1A



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