



### **EXAMINATION ENROLMENT FORM**

Ref. No:

## 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 Examination Type: Initial, Renewal or Retest Examination Scheme (Please write) Method (Please write) Preferred Examination Date

\*\*we will do our best to meet your requirements, but reserve the right to offer alternatives

Personal Particulars:

Name of the Candidate (as required on the certificate):

Company –

Identification Ca	ard:
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Permanent Private Address:

Postcode: State:

E-mail:

Phone Number:

Correspondence Address (if different from above):

City:

Country:

Postcode:

Sponsoring Company and Address:

Postcode:

Contact Name:

Email:

Tel no.:

Fax no.:

Please tick: Self – Sponsored

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

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RSA-EXM-QR-001-R03











RSA ACADEMY SDN. Company No.: 200901009799 (852807-W) (ISO 9001 Certified and ISO 17024 Accredited Company Training, Examination, Certification and Consultancy in Inspection No. C-20-1, Jalan Raja Udang 1, River Front Business Centre, 24000 Kema Tel: +609 850 3380, Email: rsaacasb@gmail.com website: www.rsaacadem	y) n and Non-Destructive Testing (NDT) man, Terengganu, Malaysia. StanDaRDS Malaysia Mas 101458 Mas 101458 Mas 101458
Invoice Address (if different from above):	Address of Card Holder:
Postcode:	Postcode:
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	Signature of Card Holder:
Venue:          RSA Academy         Others (please specify)	Approving Manager's Name:
	SPONSOR SIGNATURE:

Pre-certification experience: Please list your specific experience and duration as required by the scheme documentation and attach copies of documents if available for examinations, this is not a pre-requisite for examination, however certification will not be awarded until the experience is gained and evidence provided. This experience must be verified by your employer or a recent major client.

EXPERIENCE

Emplo	oyer	Method	k	Dates (from/to)	Hours
Please attach Em	ployer verificati	on letter:		Yes	No
Verifier Name: Company: Position: Telephone No.: Email Address: Date:				uthenticated Company S	itamp
Verifying signatu		lidate's statement given a	Accommodati Required	_	Not refer <i>Attachment</i>
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### CANDIDATE – PLEASE NOTE

CANDIDATE'S SIGNATURE:

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: Confirm, understand and accept RSA's terms and conditions as attached.

Date:









RSA-EXM-QR-001-R03