



# 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](mailto:rsaacasb@gmail.com) website: [www.rsaacademymalaysia.com](http://www.rsaacademymalaysia.com)



## 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](mailto: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):

\_\_\_\_\_

Identification Card: \_\_\_\_\_

Permanent Private Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Correspondence Address (if different from above):

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Sponsoring Company and Address:

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Name: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Tel no.: \_\_\_\_\_ Fax 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  BACS  Cash  
Made payable to: RSA Academy Sdn Bhd

OR Credit Card (Please Indicate if Company Card)

YES  NO

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Three-digit security code: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Issue No.: \_\_\_\_\_

Name on Card: \_\_\_\_\_

RSA-EXM-QR-001-R03



SNT-TC-1A

ICORR





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Invoice Address (if different from above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Address of Card Holder:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Employer	Method	Dates (from/to)	Hours

Please attach Employer verification letter:

Yes  No

#### Verifier

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Position: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_

Authenticated Company Stamp

To the best of my belief, the candidate's statement given above is correct at the time of signing.

Verifying signature (employer or equivalent):

\_\_\_\_\_

Accommodation  Required  Not Required

For accommodation directory, please refer Attachment 1.

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

CANDIDATE'S SIGNATURE:

Date:

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