RSA ACADEMY SDA Company No.: 200901009799 (852807-W) (Accredited ISO 9001 and ISO 17024 Company) Training, Examination, Certification and Consultancy in Inspe Lot 51889, Ground Floor, Jalan Nilam 2/1, Rayhar Cemerlang, Jalan Ai Tel: +609 850 3380, Email: <u>rsaacasb@gmail.com</u> website: <u>www.rsaaca</u>	ction and Non-Destructive Testing (NDT) Putih, 24000 Kemaman, Terengganu, Malaysia. Stanuards Mas 101458 Mas 201458 Mas 2014 Mas 201
	NROLMENT FORM
PLEASE SEND APPLICATION WITH YOUR PAYMENT AND THE NECESSARY ENCLOSURES TO: <i>RSA Academy Sdn. Bhd.</i> (<i>Wholly owned by NDE Consultacy Services Sdn Bhd</i>) Lot 51889, Ground Floor, Jalan Nilam 2/1, Rayhar Cemerlang, Jalan Air Putih, 24000 Kemaman, Terengganu Darul Iman, Malaysia. Tel.: +609-850 3380 Fax: +609-850 3381 E-mail: rsaacasb@gmail.com	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
PLEASE USE CAPITAL LETTERS THROUGHOUT:	details as required.
Course Information	METHODS OF PAYMENT Full payment and/or Company Order no. must accompany this
Course Date :	booking form. Bookings received without payment/order number will
Personal Particulars: Name of the Candidate (as required on the certificate)	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
Identification Card Number:	Card Holder's Signature:
Permanent Private Address:	Approving Manager's Name:
Postcode : City : State: Country :	SPONSOR'S SIGNATURE :
	Date:
E-mail:	Company Stamp:
Telephone / Mobile No.:	
Mailing Address (if different from above):	
	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)
Postcode :	Yes ()
Sponsoring Company :	No
Address :	
	Venue: RSA Academy Sdn. Bhd.
Postcode: E-mail : Telephone No.:	Others (please specify)
	RSA-TRN-QR-001-R02
IPCS SNT-TC	-1A ICORR



Accommodation:

Not required

For accommodation directory, please refer Attachment 1.

Required

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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