



CONCORD ASSOCIATES PTE LTD

Management Consultants for Occupational Safety & Health (Since 1982)

Company Name (to be billed): _____

Company Address: _____
S(_____)

Contact Person: _____

Contact Number: (O) _____ (HP) _____ (F) _____

Course Venue: 18 Boon Lay Way, #08-109, 18@Tradehub 21, S(609966)

Preferred Course Date: _____

Nature of Industry: _____

Email Address: _____

S/N	FULL NAME in BLOCK LETTERS (As in NRIC / PASSPORT)	GENDER (M/F)	[N]RIC NO. (For Singaporean or PR only) or [F]IN NO. (For Foreigner only)	[C]ONTACT NO. and/or [E]MAIL ADDRESS	DATE OF BIRTH (DD/MM/YYYY)	NATIONALITY	RESIDENTIAL STATUS (SP/SPR/NPR)	HIGHEST QUALIFICATION CERTIFICATE RECEIVED
1			[N]	[C]				
			[F]	[E]				
2			[N]	[C]				
			[F]	[E]				
3			[N]	[C]				
			[F]	[E]				
4			[N]	[C]				
			[F]	[E]				

PAYMENT MODE*: CASH CHEQUE No: _____ Cheque Name: _____ Amount: S\$ _____

All cheque payments should be crossed and made payable to '**CONCORD ASSOCIATES PTE LTD**'.
Please write the Company's Name, Course Title/Date & Applicants' Name(s) behind the cheque.

* Cash or Cheque payment only.

COURSE LANGUAGE / TYPE / DURATION / TIME:
WSHMS (ENGLISH) FULL-TIME / 28 hours for 4 Days
~ Day 1 to 3: 0900 to 1700
~ Day 4: 0900 to 1800 (incl. 1hr Written Questioning)

DECLARATION:
*I/We hereby confirm that all information given in this application is accurate.

CANCELLATION & WITHDRAWAL:
NO Withdrawal/Postponement/Cancellation/Refund will be given once the above applicant(s) is/are registered for this course.

DISCLAIMER:
Concord Associates Pte Ltd reserves the right to **cancel/postpone** this course at short notice & at its absolute discretion without assigning any reason for such cancellation/postponements.

ATTENDANCE:
100% attendance required.

REQUIRED DOCUMENT(S): - To be attached during course registration.
1. A copy of applicant's NRIC **OR** Work Permit **OR** In-Principle Approval (IPA) Letter
2. A copy of applicant's highest education certificate **OR** company declaration letter

COURSE FEE (incl. of GST):
bizSAFE Level 4 (WSHMS) --- **\$620.60/pax**

FOR OFFICIAL USE ONLY:
Received Via: Email / Fax / Walk-in / Online
Processing Officer: _____
Processing Date: _____

FOR OFFICIAL USE ONLY:
Official Invoice No: _____
Total Course Fee: S\$ _____

NAME / SIGNATURE / DATE / COMPANY STAMP (for company application only)

I hereby confirm that the above applicant(s) is/are able to communicate and write the language registered, and those who do not meet the requirements shall not be allowed to join in the class.