



# CONCORD ASSOCIATES PTE LTD

Management Consultants for Occupational Safety & Health (Since 1982)

**bizSAFE Level 1 (CEO/Top Management Workshop)**  
**bizSAFE Level 2 (Develop A RM Implementation Plan)**  
**bizSAFE Level 4 (Develop A WSHMS Implementation Plan)**  
**bizSAFE COURSE REGISTRATION FORM**

**Company Name (to be billed):** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_  
S( \_\_\_\_\_ )  
**Contact Person:** \_\_\_\_\_  
**Contact Number:** (O) \_\_\_\_\_ (HP) \_\_\_\_\_ (F) \_\_\_\_\_

**Course Venue:** 8 Boon Lay Way, #03-08, 8@Tradehub 21, S(609964)  
**Preferred Course Date:** \_\_\_\_\_  
**Nature of Industry:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

S/N	FULL NAME in BLOCK LETTERS (As in NRIC / PASSPORT)	GENDER (M/F)	NRIC NO. / PASSPORT NO. (For Singaporeans or PR's only)	WP or E-PASS NO. / FIN NO. (For Foreigners only)	DATE OF BIRTH (DD/MM/YYYY)	NATIONALITY	DESIGNATION	HIGHEST QUALIFICATION CERTIFICATE RECEIVED
1			(NRIC)	(WP/E-PASS)				
			(PP)	(FIN)				
2			(NRIC)	(WP/E-PASS)				
			(PP)	(FIN)				
3			(NRIC)	(WP/E-PASS)				
			(PP)	(FIN)				
4			(NRIC)	(WP/E-PASS)				
			(PP)	(FIN)				

**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.

**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.  
Concord Associates Pte Ltd reserves the right to discard all certificate(s)/ID card(s) that has/have not been collected for more than 1 month from the assessment date.

**REQUIRED DOCUMENT(S): - To be attached during course registration.**  
1. A copy of applicant's NRIC / Work Permit / 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 1: \$128.40/pax  
 bizSAFE Level 2: \$385.20/pax  
 bizSAFE Level 4: \$620.20/pax

**COURSE TYPE / DURATION / TIME - Please tick accordingly.**  
 bizSAFE Level 1 (CEO/TOP MANAGEMENT WORKSHOP) / 3 hours / 0930 to 1230  
 bizSAFE Level 2 (DEVELOP A RM IMPLEMENTATION PLAN) / 16 hours / 0900 to 1800  
 bizSAFE Level 4 (DEVELOP A WSHMS IMPLEMENTATION PLAN) / 28 hours / 0900 to 1700

**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.