

COMPANY-SPONSORED APPLICATION

Course Title: _____ Training Date: _____

Name of Participant (Mr/Ms/Mdm)		NRIC/Passport No	Sex	HP Number	E-Mail
Mobile No		Office Email			
Highest Educational Qualification <i>(Please attach copy of certificate)</i> <input type="checkbox"/> SPM <input type="checkbox"/> STPM <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Others:					
WORK EXPERIENCE (Please state in chronological order, starting with current position)					
Name of Employer		Position Held		From	To
DECLARATION BY PARTICIPANT: I declare that the above information stated in this application and the attachments are true and correct to the best of my knowledge and belief. I have read and accept all the rules and regulations stated herein.					
					Signature of Participant / Date
Company Name				ASQ Organization Membership No (if any)	
Mailing Address				Contact No	
				(Postal Code)	
Name of Contact Person		Designation		Contact Email	
DECLARATION BY COMPANY: We confirm our sponsorship of the above-named participant for the course applied. We have read and accept all the rules and regulations stated herein.					Company Stamp
Authorized Signature		Designation			
Name Of Signee		Date of Registration			

Please mail or fax your registration for

PAYMENT INSTRUCTIONS



LEAN APPLIED SDN BHD

3-1 & 2, Jalan USJ 10/1D,
Taipan Business Centre, 47620,
Subang Jaya, Selangor, Malaysia

Tel: 603-5634 7090

Fax: 603-5634 7091

Email: sales@leanapplied.com

Malaysia	USD Currency
Payment by CHEQUE must be crossed and made payable to "LEAN APPLIED SDN BHD". Payment can be made via INTER-BANK TRANSFER or by ATM FUND TRANSFER / CASH DEPOSIT to Acc No: 562 366631 589 (For Ringgit Malaysia Currency) Name of Beneficiary: Lean Applied Sdn Bhd Name of Bank: Malayan Banking Berhad (MAYBANK) Swift Code: MBBEMYKL (Please email us the bank transaction details/receipt or ATM deposit slip after payment is made.)	Payment can be made via INTER-BANK TRANSFER to Acc No: 562 366631 589 (For USD Currency) Name of Beneficiary: Lean Applied Sdn Bhd Name of Bank: Malayan Banking Berhad (MAYBANK) Swift Code: MBBEMYKL (Please email us the bank transaction details/receipt or ATM deposit slip after payment is made.)

RULES & REGULATIONS:

- Classes require a minimum number of participants to commence. LA reserves the right to amend course detail, postpone or cancel classes due to insufficient numbers or unforeseen circumstances and will make every effort to inform participants of any changes in advance.
- Registration must be submitted with the relevant supporting documents reflecting the applicant's academic history and working experience. LA reserves the right to select participants for admission or reject any application at its sole discretion without giving any reason.
- Course fee must be paid at least 7 working days prior to course commencement. **REFUND POLICY:** 50% of the course fee will be charged fees is only applicable to a faxed or written withdrawal notice received not less than 7 working days before the course commencement. No withdrawal is allowed on the day of course commencement or after the course has started. Hence, the full course fee will be imposed for withdrawal or non-attendance in such cases.
- All participants must achieve at least 85% class attendance to be eligible for receive certification of attendance and abide strictly to all rules for course participation set by LA from time to time. LA also reserves the right to amend its rules and regulations without prior notice.

SELF-SPONSORED APPLICATION

Course Title: _____ Training Date: _____

Name of Participant (Mr/Ms/Mdm)	NRIC/Passport No	Sex	Age	Date of Birth	Nationality
Home Address (Postal Code)				ASQ Membership (if any)	
Home Tel	Mobile No	Personal Email			
Highest Educational Qualification (Please attach copy of certificate) <input type="checkbox"/> SPM <input type="checkbox"/> STPM <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Others:					
Name of Present Employer			Job Designation		Date Joined
Office Tel	Contact Person	Office Email			
WORK EXPERIENCE (Please state in chronological order, starting with current position)					
Name of Employer	Position Held	From	To		
DECLARATION: I declare that the above information stated in this application and the attachments are true and correct to the best of my knowledge and belief. I have read and accept all the rules and regulations stated herein.				MODE OF PAYMENT (Please ✓ one) - Refer to below for Payment Instructions <input type="checkbox"/> Bank Cheque (No:) <input type="checkbox"/> Inter-Bank Transfer <input type="checkbox"/> ATM Fund Transfer / Cash Deposit <input type="checkbox"/> Cash Payment	
Date of Registration		Signature of Participant			

Please mail or fax your registration form

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