REGISTRATION FORM MICRO-CREDENTIAL AWARD



| | PERSON | AL PARTIC | CULARS (CAP | ITAL LETTERS A | ND UNDERLIN | NE SURNAME) |
|---|---|-----------|-------------|----------------|----------------|---|
| Please attach a recent photograph here | NAME: (as in NRIC) NRIC No: | | | | | |
| process graph more | DATE OF E | BIRTH: | | Р | LACE OF BIRTH: | |
| | (dd-mm-yyy | Male | Female | MARITAL STATU | S: Single | Married |
| | NATIONA | LITY: | Malaysian | Oth | ners: | |
| | RACE: | | | RELIGIO | ON: | |
| | CORRESE | PONDENC | E DETAILS | | | |
| RESIDENTIAL ADDRESS: | | ONDEN | | | | |
| | Postcode | | State | | Country | |
| CONTACT: Home | | | | Handphone | | |
| E-Mail | | | | | | |
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| | PROGRA | M APPLIE | D FOR | | | |
| | PROGRA | M APPLIE | D FOR | | | |
| Course: Session: | | | | | | |
| Course: Session: | / | (Montl | h/Year) | | | OR OFFICE USE ONLY |
| | / | | | d Fees Pai | | OR OFFICE USE ONLY Receipt Verified by |
| | / | (Montl | h/Year) | d Fees Pai | | |
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| Business Technology Management Accounti Financial Accounting Corporate And Business | ng 5 Law (MYS) | (Montl | h/Year) | d Fees Pai | | |
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| EMERGENCY CONTACT | | | | | | | | |
|--------------------------|-------------------------------|-------------------|-----------------------|----------------|--------------------|----------------------------|----------|------|
| | (Perso | n to be contacted | d in an emergency. If | married, pleas | se state your s | pouse's details) | | |
| Contact Person: | | | | F | Relationship |): | | |
| NRIC No: | | | | | Religion | 1: | | |
| E-mail: | | | | | Race | : | | |
| Address: | Residential | Office | Please tick (✓) e | either one on | <i>ly.</i> Dialect | : | | |
| | | | | | | | | |
| | | | | | | | | |
| Contact No: | ndphone) | | (Home) | | ((| Office) | | |
| (Flat | <i>арноне</i>) | | (Home) | | (• | omec) | | |
| | | ICAL HISTOR | | | | | | |
| | (If you | u are physically | disabled, please st | ate the natur | re of the disa | bility. If not, please tid | ck(√) 'N | IIĽ. |
| | | | | | | | NIL | |
| Any medical con may b | dition which e of concern: | Allergies | Asthma | Colour Bli | ndness | Heart Condition | | Nil |
| Others, | please state: | | | | | | | |
| | EMP | LOYER PARTI | CIII ARS | | | | | |
| N | _ | LOTERTARTI | COLANS | | | | | |
| Name of Employer | | | | | Contact N | (Handphone) | | |
| Contact Person | | | | | | (Off.co) | | |
| Position in Orga | | | | | | (Office) | | |
| Address: | | | | | | | | |
| | HIGH | IEST QUALIF | ICATIONS | | | | | |
| SPM | GCE 'O' Level | STPM | GCE 'A' Level | Oth | ners (please s | specify): | | |
| School/Institutio | n: | | | | | | | |
| | ENG | LISH LANGU | AGE ACHIEVEMI | ENT | | | | |
| TOEFL | IELTS | MUET | Others (please sp | | | | | |
| Institution: | | | | | Year of C | ompletion: | | |
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| EN | CLOSURES (Documents Checklist) | |
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| This completed form may be sent to C Jalan Tun Jugah/ Jalan Song Intersecti | submitted with the access card. In a certified copy of NRIC Exam Result Star NOT be processed if the documents are incomplete. Superations Department, Sunway College Kuching, No.1, Sor Son, 93350 Kuching, Sarawak. Please DO NOT send cash throwash or any other eventualities arising from the mailing of contracts. | ng Plaza (1st Floor), Lot 12168, Block 16 KCLD, ugh the post. Sunway College Kuching will NOT |
| TE | RMS AND CONDITIONS | |
| The proportion of Course Fee Refun- 1). Before commencement of course 3). 4-5 days after commencement o An administration fee of RM100.00 The management reserves the right Participant must abide by the Sulf the designated person cannot atto Changes in the course date, venue, | nted time may result in the participant being barred from classed, upon official withdrawal, is shown below: 2: 100% of course fee. 2). 1-3 days after commencement of cour f course: 50% of course fee. 4). Thereafter, NO Refund. 2: The course fee for application of Course Fee Refund. 3: To cancel/postpone commencement of courses should the nurneway College Kuching Student 'Rules & Regulations Handberd the course, a substitute attendee is not permitted. 3: The course is a substitute attendee is not permitted. 4: The programme is the programme the full of the programme the full of the programme. Upon completion of the programme the full of the programme the full of the programme. | rse: 75% of course fee. mber of participants fall below 5. book'. aniser reserves the right to reschedule/ cancel the |
| AC | KNOWLEDGEMENT, AGREEMENT AND CONS | ENT |
| this application. I have read the Personal Data Protectic PDPA 2010) http: http://swck.edu.my/phttp://swck.edu.my/phttp://swck.edu.my/phttp://swck.edu.my/phttp://swck.edu.my/phttp://swck.edu.my/phttp://swck.edu.my/phttp://swck.edu.my/pdpa_notice_bm.personal data is collected/processed a may disclose my personal data to. I hereby give consent to Sunway Collecthe Personal Data Protection Notice. I hereby declare that all information pin all other documents submitted with Sunway College Kuching reserves the renrolment made on the basis of incomount of further agree to allow Sunway College tion including photographs and video I further agree to: Abide by the Sunway College Kuching continuous programme development | e Kuching to use, without any charge, my personal informass for publicity and/or promotional purposes. g policies, rules and regulations at all times. reserves the right to revise the current fees in line with its policies. | Signature of Applicant Name as in NRIC NRIC No. Date: dd/mm/yy |
| AC | KNOWLEDGEMENT, AGREEMENT AND CONS | ENT |
| understand and agree that Sunwa including deregistration, due to defe I have read the Personal Data Protecthe PDPA 2010) http://swchttp://swck.edu.my/pdpa_notice_b the student's data is collected/procekuching may disclose my personal of I hereby give consent to Sunway Colle | e on the dates stipulated by Sunway College Kuching I by College Kuching I has the right to bar my child/ward, ault in payment of fees. Section Notice provided by Sunway (persuant to section 7 of k.edu.my/pdpa_notice_eng/ (English version) or http: m/(Malay version) which includes the purposes for which essed and classes of third parties to whom Sunway College data to. Bege Kuching to process my/the participant's personal data | Signature of Parent/Guardian/Sponsor Name as in NRIC NRIC No. |
| in accordance with the Personal Da | ta Protection Notice. | Occupation |

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Contact No. (Mobile)

Date: dd/mm/yy

ACKNOWLEDGEMENT, AGREEMENT AND CONSENT ON THE PROTECTION OF MY **PERSONAL DATA**

APPLICANT (On attaining 18 yrs of age)

- I have read the Personal Data Protection Notice provided by Sunway (persuant to section 7 of the PDPA 2010) http://swck.edu.my/pdpa_notice_eng/ (English version)or) http: http://swck.edu.my/pdpa_notice_bm/ (Malay version) which includes the purposes for which my personal data is collected/processed and classes of third parties to whom Sunway College Kuching may disclose my personal data to.
- I hereby give consent to Sunway College Kuching to process my personal data in accordance with the Personal Data Protection Notice.
- I hereby declare that all information provided by me in this form, including those information given in all other documents submitted with this form, is complete and accurate. I also accept that Sunway College Kuching reserves the right to vary or reverse any decision regarding registration made on the basis of incomplete or inaccurate information.
- I further agree to allow Sunway College Kuching to use, without any charge, my personal information including photographs and videos for publicity and/or promotional purposes. I further agree to:
- - Abide by the Sunway College Kuching policies, rules and regulations at all times. - Accept that Sunway College Kuching reserves the right to revise the current fees in line with its continuous programme development policies.

| Signature of Applicant | |
|------------------------|--|
| Name as in NRIC | |
| NRIC No. | |
| Occupation | |
| Contact No. (Mobile) | |
| Date: dd/mm/yy | |

| FOR OFFICE USE ONLY: M | IARKETING/ FRONT OFFICE | |
|------------------------|-------------------------|-----------------------------------|
| Received by: | | |
| Date Received: | | Signature of Manager(Marketing) |
| Access Card Number: | | Signature of Manager(FrontOffice) |
| Remark: | | Date: dd/mm/yy |
| FOR OFFICE USE ONLY: A | DMIN | |
| Documents are co | omplete | |
| | | Signature of Manager(Operations) |
| | | Date: dd/mm/yy |

Operating Company

Sunway TES (East Malaysia) Sdn. Bhd. (761943 - K)

No.1, Song Plaza (1st Floor), Lot 12168, Block 16, Jalan Tun Jugah/ Jalan Song Intersection, 93350 Kuching, Sarawak

