

Course Registration Form

(Pls fax to +65 6475 3583 or email to admin@taftc.org)



Course Registered Title: _____ Date: _____

Your Particulars

1 Full Name (English): _____ Position Held: _____
Residential Address: _____ ()
Sex: F / M Date of birth: / / Age: NRIC / Passport No : _____
Nationality: Singaporean / Singapore PR / Malaysian / Others :
Tel : _____ Mobile: _____ Email: _____
Highest Academic Qualifications: Primary / Secondary / High School / Diploma / University / Post Graduate
Years in the Textile and Apparel Industry: years
Description of job duties: _____

2 Full Name (English): _____ Position Held: _____
Residential Address: _____ ()
Sex: F / M Date of birth: / / Age: NRIC / Passport No : _____
Nationality: Singaporean / Singapore PR / Malaysian / Others :
Tel : _____ Mobile: _____ Email: _____
Highest Academic Qualifications: Primary / Secondary / High School / Diploma / University / Post Graduate
Years in the Textile and Apparel Industry: years
Description of job duties: _____

Your Employer

TaFF Member

Non- TaFF Member

Company: _____

Address: _____

Contact Person: _____ Position Held: _____

Tel: _____ Fax: _____ Email: _____

Signature / Date

Payment Details

(Please make payment to "Textile and Fashion Industry Training Centre Pte Ltd")

Course Fee: _____ Cash / Cheque No: _____

Are you sponsored by your Employer? Yes / No

Signature and Co's Stamp of Employer: _____

Name of Authorized Signatory: _____