Course Registration Form

Institute of Safety Studies

(Company Registration No. 201403605H)

COMPANY PARTICULARS

Company Name:…….

Company address: ……

……

……

Contact Person: ……

Designation: ……

Contact Number: ……

Fax No: ……

Email address: ……

COURSE PARTICULARS

Name of the course to be registered: ……

Numbers of Participants: ……

Date(s) of course applied for: ……

Course fee per participant : SGD ……

TRAINEES PARTICULARS

S/No	Name in iull (To be clearly printed) [As it appears in NRIC/Passport/Work permit]	NRIC/Passport/ Work Permit No	Date of Birth (DD/MM/YY)	Nationality	Remarks

WE CARE OF YOUR SAFETY ! ! !

Blk 1, Soon Lee Street
#03-45, Pioneer Centre
Singapore 627605