SMETAP PROGRAMME REGISTRATION FORM

PSMB/STP/1/07

Reminder: Please submit the registration form at least one (1) weeks before the commencement of the programme. One (1) copy of this registration form is required for each programme. All parts of this form must be duly completed.

PROGRAMME TITLE: ____________________________________________

A. GENERAL INFORMATION

1. MyCoID:

2. Employer Code Number:

3. Registered Name And Address Of Company:

   Tel: __________ Fax: _______________ E-mail: _______________

   Contact Person: ________________________________________

B. DETAILS OF TRAINING PROGRAMME

Type Of Training: [ ] Public Programme [ ] In-House Programme (Please tick (/) in appropriate box)

Dates: ___________________ Training Location: ___________________

Name of Training Provider: ___________________________ E-mail: ___________________

C. DETAILS OF PARTICIPANT ATTENDING THE PROGRAMME

<table>
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<tr>
<th>Name</th>
<th>Designation</th>
<th>NRIC</th>
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(Please attach separate list if necessary)

D. EMPLOYERS DECLARATION

1. I (name) ____________________________ agree to send these particular trainees to attend the above programme under SMETAP Scheme.

2. I give the authority to Pembangunan Sumber Manusia Berhad (PSMB) to debit from our HRDF account for the course fees as follows:

   a) For public Programme: RM ______________ / trainee; or

   b) For in-house programme: RM ______________ / day

I also agree for the course fee of training to be debited although our trainees withdraw after the confirmation letter has been issued.

3. If payment by cheque, please crossed and made payable to "PEMBANGUNAN SUMBER MANUSIA BERHAD".

   CHEQUE NO: ___________________ AMOUNT: RM ___________________

Distance from company to training venue: [ ] Below 70 KM [ ] Above 70 KM

Signature: ______________________________________

Name and Company Stamp: ____________________________

Chairman, Executive Director, General Manager, Training Manager/HR Manager, Executive+

Date: __________________