



EASTWEST ACADEMY

(Registered with the Committee for Private Education is part of SkillsFuture Singapore)

(Reg No: 200923609C)

1 Sophia Road, #03-18, Peace Centre, Singapore 228149 Tel: (65) 63334085 Fax: 6333 4085

E-mail: ew.singapore@gmail.com Website: www.eastwestacademy.net

REGISTRATION FORM FOR ACADEMIC COURSES

Course Applied For: _____

Commencing Date: _____ Remarks: Full Time / Part Time

PERSONAL PARTICULARS

Full Name as in Identity Card: _____ Sex: M / F

NRIC/Passport/FIN : _____ Birth Date: _____

Singaporean / PR If others - Nationality: _____ Worked 2 Months Or More? Y/ N

Address : _____

: _____

Contact : (Home) _____ (Office) _____

: (Mobile) _____ (Fax) _____

: (Email) _____

Designation: _____ Highest Qualification: _____

How did you hear about us ?

News paper Straits Times Flyers Friends Fax

DECLARATION

I hereby declare that the above information is correct. I have read, understood and abide by the terms & regulation. I also understand that if I am applying for SDF assistance, I have to submit the completed original Easynet Application Form or make an online registration at www.sdf.gov.sg before joining the class and if SDF does not approve my application for what ever reason,my company or myself will have to pay the full course fee.

Signature of Applicant: _____

Date: _____

CONFIDENTIALITY STATEMENT

EASTWEST ACADEMY is committed to maintaining the confidentiality of the student's personal information and undertakes not to divulge any of the student's personal information to any third party without the prior written consent of the student."

FOR OFFICE USE ONLY

Amount Paid: _____ Receipt No: _____ Cheque No: _____

Student ID: _____ Remarks: _____

- Meet Entry requirements
- Submitted all relevant documents
- Student application Approved
- Student application Rejected
- Student application Keep in view

Comments: _____

Name of the Academic Member: _____

Signature: _____

Date: _____

Company Stamp: _____