

# REGISTRATION FORM



## PERSONAL PARTICULARS

ACCA Registration Number:

KSA Student No :

Name

Address

Identification No       -   -

House Tel     -             Office No     -

Mobile No     -             Email

Gender  Male  Female Ethnic (M'sian)  Malay  Chinese  Indian  Others  
 Ethnic (Foreign) \_\_\_\_\_

## COURSE DETAILS

Course Term  1<sup>st</sup> Term  2<sup>nd</sup> Term  Revision Remarks

Please Tick  the relevant subjects & study option that you intended to sign up.

		FT	PT	Lecturer
F 1	AB	<input type="checkbox"/>	<input type="checkbox"/>	_____
F 2	MA	<input type="checkbox"/>	<input type="checkbox"/>	_____
F 3	FA	<input type="checkbox"/>	<input type="checkbox"/>	_____
F 4	CL	<input type="checkbox"/>	<input type="checkbox"/>	_____
F 5	PM	<input type="checkbox"/>	<input type="checkbox"/>	_____
F 6	TX	<input type="checkbox"/>	<input type="checkbox"/>	_____
F 7	FR	<input type="checkbox"/>	<input type="checkbox"/>	_____
F 8	AA	<input type="checkbox"/>	<input type="checkbox"/>	_____
F 9	FM	<input type="checkbox"/>	<input type="checkbox"/>	_____

		FT	PT	Lecturer
P 1	PA	<input type="checkbox"/>	<input type="checkbox"/>	_____
P 2	CR	<input type="checkbox"/>	<input type="checkbox"/>	_____
P 3	BA	<input type="checkbox"/>	<input type="checkbox"/>	_____
P 4	AFM	<input type="checkbox"/>	<input type="checkbox"/>	_____
P 5	APM	<input type="checkbox"/>	<input type="checkbox"/>	_____
P 6	ATX	<input type="checkbox"/>	<input type="checkbox"/>	_____
P 7	AAA	<input type="checkbox"/>	<input type="checkbox"/>	_____

## PAYMENT METHODS

CASH  CHEQUE  CREDIT CARD

## Rules and Regulation:

- All fees are **STRICTLY NOT** refundable nor transferable.
- RM50 administrative charge (per subject) will be imposed for any deferment or change of subject.

## DECLARATION

I hereby certify that the information provided by me in this enrolment form is true and accurate.

SIGNATURE \_\_\_\_\_  
 NAME ( \_\_\_\_\_ )  
 DATE   -   -  2 0

FOR OFFICE USE				
TOTAL FEES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/> FULL PAYMENT <input type="checkbox"/> INSTALMENT	
Date	Amount	Receipt No	Remarks	Initial