

Replacement Form

Full Name (*as in ID*): _____

NRIC / FIN No.: _____

Course Start Date: _____ Batch No.: _____

Sales Invoice / Receipt No.: _____

Course Title: _____

Reason for Replacement

Replacement Candidate Name: _____

NRIC / FIN No.: _____

All replacement is considered on case-by-case basis.

Written Notice of Replacement /Postpone is received must be atleast 10 working days prior to course commencement date: \$10.00 per pax

Signature & Date

For Official Use:

Management

Approved /Not Approved

Replacement Amount:

Paid amount:

Approved by:

Signed:

Date: