

**BUMIPUTERA DEALER REPRESENTATIVES EDUCATION FUND**

PROFESSIONAL CERTIFICATE APPLICATION FORM

**PART A: TO BE COMPLETED BY APPLICANT**

## Particulars of Applicant

Name:

(In full BLOCK LETTERS)

NRIC:

Date of birth:

 Nationality:

Occupation:

(Please tick appropriate box) Paid dealer: Remisier: Date joined:

 CMSRL Licence No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Companies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Postcode: State:

Telephone no(s): Office: Fax: h/p:

 Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: Exam date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Education provider: State:

Qualifications:

(Please attach photocopies of

relevant certificates)

Working experience:

Reasons for pursuing the

Course: I hereby acknowledge that all information provided above is true and accurate.

Signature: Date:

*I hereby declare that I have given my consent to the processing of my personal data in accordance with the Notice under the Personal Data Protection Act 2010 and understood the SIDC programme Terms & Conditions 2015 and agree to abide by them.*

**PART B: TO BE COMPLETED BY PRINCIPAL**

## Particulars of Principal

Name:

Address:

Postcode: State:

Telephone no: Fax no:

Recommendation:

Signature: Date:

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| TO BE COMPLETED BY SECRETARIAT**BUMIPUTERA DEALER REPRESENTATIVES EDUCATION FUND**EDUCATION COMMITTEE |
| Recommended: |  | REMARKS |
| KIV: |  |
| Not Recommended: |  |

Kindly send a copy of this form to bdref@secretariat.com.my and send the original copy to the BDREF Secretariat at least 4 weeks before closing date\*.

\*Please contact the secretariat for more details

**PART C: TO BE COMPLETED BY APPLICANT**

**BDREF - Checklist**

# A letter of recommendation from the principal/company Admission letter from the education provider Programme fee schedule

Programme schedule Photocopies of qualification Photocopy of I/C

Birth certificate or proof of Bumiputera status

Please (X) at appropriate boxes