

COMPANY SPONSORSHIP FORM

i@Central, Information & Service Centre Nanyang Polytechnic Level 1, Block A, 180 Ang Mo Kio Avenue 8, Singapore 569830
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(A) COURSE DETAILS

Course Title			
Start Date (dd/mm/yy)		End Date (dd/mm/yy)	
Course Code			
Course Fee (incl. GST)	Please refer to course website		

(B) COMPANY INFORMATION (* Mandatory)

Company Name*														
Only for companies applying for the Enhanced Training Support Scheme. Please select only ONE option below:														
<input type="checkbox"/> Small-Medium Enterprise (SME): (Please complete Annex 1A and submit it together with this company sponsorship form)														
<input type="checkbox"/> Sole Proprietorship (SP): (Please complete Annex 1B and submit it together with this company sponsorship form)														
Name of Contact Person*	Dr/Mr/Ms													
Designation / Department														
Mailing Address														
	Country							Postal Code						
Tel No								Mobile						
Fax No														
E-mail Address*														
Name of Billing Person:	Dr/Mr/Ms							Department						
Billing Address:														
	Country							Postal Code						
Billing Person's Contact Tel:														

(C) APPLICANT INFORMATION

No.	Salutation*	Name	*NRIC/FIN	Email Address
1.	Dr/Mr/Ms			
2.	Dr/Mr/Ms			
3.	Dr/Mr/Ms			
4.	Dr/Mr/Ms			
5.	Dr/Mr/Ms			

* Please provide only the last 3 numeric digits and alphabet of the NRIC or FIN (Refer to [Personal Data Protection Act 2012](#)).

The company will sponsor the above applicant(s) for the course.

Name/Designation

Signature/Date



Company Stamp: