



St. John Ambulans Malaysia
Kawasan Pantai Selangor
 Bangunan Yeo Cheng Swee,
 2984-A, Persiaran Raja Muda Musa,
 41100 Klang, Selangor Darul Ehsan.

Tel: 03-3373 5005 / 3374 5005
Fax: 03-3372 4898
 admin@sjamsde.org.my : **E-mail**
 www.sjamsde.org.my : **Website**
 (Person to contact: Ms. Luanne Lim
 Mr. Tan Y. K
 Ms. Amy.)

FIRST AID COURSE WITH EXAMINATION
Application Form

Name : _____ (as per I/C or passport)

NRIC/ Passport: _____ Sex: _____

Date of Birth : _____ Age: _____

Contact: H/P: _____ (H): _____

(O): _____ (ext: _____) Fax: _____

Mailing Address: _____

Email Address: _____

Occupation / Designation: _____

Company / Organisation: _____

Academy: PMR / SPM / STPM / A-Level / College / University / _____

Language: Spoken: English / Malay / Chinese

Written: English / Malay / Chinese

Course Particular & Payment Mode:

Duration : **1 day**

Time : **0900hrs – 1800 hrs**

Venue : **St. John Training Centre**, as per address above

Fees : **RM 477.00 per pax (Weekdays)**

: **Including GST 6%**

- *Non-refundable*

- *The fees must be paid 2 week before the confirmed course day*

Payable to : **St. John Ambulans Malaysia – Kawasan Pantai Selangor**

Payee Acc : **096-201-200063-3 [AmBank (M) Berhad, Port Klang]**

NOTE : Date of course will be confirmed by SJAM-KPS and will duly inform participant.

**Meals and Refreshments will not be provided.*

 Applicant Signature

Date: _____

For Office Use Only:

Receipt No:

Amount:

Date:

Remark: