

COMPANY SPONSORSHIP FORM

i@Central, Information & Service Centre, Nanyang Polytechnic
 Campus Centre (Blk A), Level 1, 180 Ang Mo Kio Avenue 8, Singapore 569830.
 Fax No.: 64527361
 Online Submission at www.nyp.edu.sg/pdc

(A) COURSE DETAILS

Module Title	Android Application Development		
Start Date (dd/mm/yy)	19/10/15	End Date (dd/mm/yy)	12/12/15
Course Code	TSP05/15/03		
Course Fee (incl. GST)	Refer to Website		

(B) COMPANY INFORMATION

Company Name*										
Nature of Business										
Name of CEO	Dr/Mr/Ms									
Name of Contact Person*	Dr/Mr/Ms									
Designation										
Department										
Mailing Address										
	Country		Postal Code							
Tel No						Mobile				
Fax No						Pager				
E-mail Address*										
Name of Billing Person:	Dr/Mr/Ms									
Billing Address:										
	Country		Postal Code							
Billing Person's Department:										
Billing Person's Contact Tel:										

(C) APPLICANT INFORMATION

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

* Mandatory items

The company will sponsor the above applicant(s) for the course.
 We understand that there will not be any refund of course fees once course commences.

 Name/Designation

 Signature/Date

 Company Stamp: