

COMPANY SPONSORSHIP FORM

NOTE: To be completed by sponsoring company and returned to:

Admissions Office, Nanyang Polytechnic
 Block A, Level 2, Campus Centre, 180 Ang Mo Kio Avenue 8, Singapore 569830.

(A) COURSE DETAILS

| | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|--|
| Course Title | | | | | | | | | | | | | | | | | | | | | |
| Start Date (dd/mm/yyyy) | | | | | | | | | | | End Date (dd/mm/yyyy) | | | | | | | | | | |
| Course Code | | | | | | | | | | | | | | | | | | | | | |

(B) SPONSORSHIP COMPONENT(S)

The sponsorship covers:

Course Fees

Monthly Allowance

(C) COMPANY INFORMATION

| | | | | | | | | | | | | | | | | | | | | |
|------------------------|-----------|-----------|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Company Name | | | | | | | | | | | | | | | | | | | | |
| Name of CEO | Dr/Mr/Ms* | | | | | | | | | | | | | | | | | | | |
| Name of Contact Person | Dr/Mr/Ms* | | | | | | | | | | | | | | | | | | | |
| Designation | | | | | | | | | | | | | | | | | | | | |
| Department | | | | | | | | | | | | | | | | | | | | |
| Contact Person's | | | | | | | | | | | | | | | | | | | | |
| Address | | Country | | | | | Postal Code | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Tel No | | | | | | | | | | | | | | | | | | | | |
| Fax No | | | | | | | | | | | | | | | | | | | | |
| E-mail Address | | | | | | | | | | | | | | | | | | | | |
| Name of Billing Person | | Dr/Mr/Ms* | | | | | | | | | | | | | | | | | | |
| Billing Address | | | | | | | | | | | | | | | | | | | | |
| | | Country | | | | | Postal Code | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Contact No.: / Email | | | | | | | | | | | | | | | | | | | | |

(D) APPLICANT INFORMATION

| No. | Salutation* | Name as in NRIC | NRIC No. |
|-----|-------------|-----------------|----------|
| 1. | Dr/Mr/Ms | | |
| 2. | Dr/Mr/Ms | | |
| 3. | Dr/Mr/Ms | | |
| 4. | Dr/Mr/Ms | | |
| 5. | Dr/Mr/Ms | | |

* Delete where not applicable.

The company will sponsor the above applicant(s) for the course. We understand that if a candidate withdraws within the first week after the commencement of the course, there will be a 75% refund of course fee. Thereafter, no refund of course fee will be made.

Company
Stamp:

Name / Designation

Signature/Date