

C. PARENT'S / GUARDIAN'S / SPONSOR'S INFORMATION

Please complete the following sections using BLOCK LETTERS.

Name as in National Identification Card

Title: Mr / Mrs / Ms / Madam

Relationship to Trainee

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National Identification Card Number

Passport No. (Non-Malaysian)

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Permanent Address

State

Country

Poscode

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Contact Number No. 1

Contact Number No. 2

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Email Address

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D. EDUCATION BACKGROUND

Please complete the following sections using BLOCK LETTERS.

- | | | |
|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> SPM / O-Levels | <input type="checkbox"/> UEC | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> STPM / A-Levels | <input type="checkbox"/> Degree | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> SAM / CPU | <input type="checkbox"/> Diploma | |
| <input type="checkbox"/> Other (Please Specify) _____ | | |

Name of School / Institution

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State / Country

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Mathematics Grade

Physics / Science Grade

English Grade

E. ENGLISH PROFICIENCY

Please complete the following sections using BLOCK LETTERS.

- | | |
|--|--|
| <input type="checkbox"/> SPM / O-Levels English Grade: _____ | <input type="checkbox"/> TOEFL Score: _____ |
| <input type="checkbox"/> IELTS Band: _____ | <input type="checkbox"/> Intensive English Programme |
| <input type="checkbox"/> MUET Band: _____ | <input type="checkbox"/> Others: _____ |

F. ACCOMODATION

Please complete the following sections using BLOCK LETTERS.

- Required* Not Required

* If required, please complete the Accomodation Application Form and submit with this form.

G. DISABILITY / CRITICAL ILLNESS

Please complete the following sections using BLOCK LETTERS.

Please indicate form of disability / critical illness, if any.

- No, I do not have any form of disability / critical illness.
- Yes. Please describe : _____

H. DECLARATION BY TRAINEE

1. I hereby declare that all the information provided is complete, accurate, and true to the best of my knowledge.
2. I hereby agree that,
 - 2.1. AME reserves the right to verify the same and I also agree that AME reserves the right to vary or reserve any decision in respect of my application in the event that the said information is found to be false, incorrect or incomplete.
 - 2.2. In the event that AME shall forfeit the said fees, I shall not have any claim whatsoever against AME.
3. I also agree that AME reserves the right to alter, amend, change or modify the current published fees and all fees payable shall be the published fees at the time of payment.
4. I understand and agree that all payments made to AME is non-refundable under any circumstances.
5. I hereby understand and/or agree that all documents submitted become the property of AME Training Academy.
6. I would not hold AME liable for any breach or unauthorised use / access or any loss or damage suffered from the data and/or documents I have provided.
7. I hereby understand and agree that it shall be my responsibility to know and abide with all relevant and applicable rules and regulations of AME Training Academy.

Signature

Date

I. TO BE SIGNED BY PARENTS / GUARDIAN / SPONSOR

Name : _____

Relationship : _____

Signature

Date : _____

J. CHECKLIST

I have attached the following documents with this application;

- Completed Application Form
- Completed Accommodation Form (if accommodation is required)
- Certified True Copies of High School Leaving Certificate / Transcripts
- 3 Passport Size Photographs
- Application Fee
- Certified True Copy of National Identification Card
- Certified True Copy of SPM / O-Levels / STPM / A-Levels / UEC / SAM / CPU
- Certified True Copy of MUET / IELTS / TOEFL (if available)
- Certified True Copy of Passport

For office use

Counsellor : _____

Date : _____

Amount Paid : _____

Receipt No. : _____

Please submit the completed Application Form to;

AME TRAINING ACADEMY SDN. BHD.

Unit 813, Level 8, Block A, Kelana Business Centre, Jalan SS7/2 Kelana Jaya, 47301 Petaling Jaya, Selangor D.E. Malaysia

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