

WITHDRAWAL FORM					
1. Candidate Par	rticulars				
Name (as of NRI	C/FIN) Mr/Mrs/Mdm/Ms:				
NRIC/FIN:					
Contact No.:		(O)	(H)	(HP)
Email:			Fax	x:	
Company Name:					
Course Title:					
2. Amount of (Course Fee Paid for the	Madula	Por	saint / Invaios No	
Z. Amount or c	Course Fee Falu for the	Module	Rec	ceipt / Invoice No.	
			<u> </u>		
2. December (a) for	With drawnly				
3. Reason(s) for	Witnarawai:				
			_	_	
Signatu	ure / Company Stamp			Date	
Terms and Cond	ditions for Withdrawal:				
Refund of Fee/ Ca					
	withdrawal form within 10				
No retuna wiii s	be made for withdrawai for	rm given iess tna	.n 10 working days b	efore course commencemen	t.
2. All necessary d	documents (if any) must be	e attached togeth	ner with this form.		
3. All completed v	withdrawal form can be sul	bmitted via the fo	ollowing mode:		
- Email to joann	ne.ong@daikin.com.sg / be	eeling.ong@daiki	in.com.sg		
- Fax to : 6349 7	7319				
- Mail to: 10 And	a Mo Kio Industrial Park 2	S(560501) Attai	ntion to "Training De	nartment"	