

G. IN CASE OF EMERGENCY

NAME:			
ADDRESS:			
OCCUPATION:		RELATIONSHIP:	
TELEPHONE (H):		MOBILE:	

H. DECLARATION

I hereby declare that all information stated in this form is correct and true and I understand that UMS Link Centre for Professional Development has the right to reject this application, revoke the course offered or terminate my studies in UMS Link Centre for Professional Development at any time if any information or certificates given are found to be false.

APPLICANT'S SIGNATURE: _____

DATE: _____

I. CHECKLIST FOR APPLICANT

NO	DOCUMENTS	REMARKS	(✓)
1.0	Program Fee	Cash / Postal Order / Money Order	
2.0	Processing Fee (RM 100.00)	Cash / Postal Order / Money Order	
3.0	Application Form	To be filled-up completely	
4.0	Identification Card (IC) or Passport	2 copies (to be verified)	
5.0	SPM Certificate	2 copies (to be verified)	
6.0	STPM Certificate (if any)	2 copies (to be verified)	
7.0	Matriculation / Certificate (if any)	2 copies (to be verified)	
8.0	Diploma Certificate	2 copies (to be verified)	
9.0	Diploma Transcript	2 copies (to be verified)	
10.0	Degree Certificate	2 copies (to be verified)	
11.0	Any other Certificate	2 copies (to be verified)	
12.0	Passport-sized Photo	4 copies	

- Payment should be made payable to **UMS LINK HOLDINGS SDN. BHD.** Maybank account number **5101 4304 6502**

J. (FOR OFFICE USE ONLY)

DOCUMENT RECEIVED ON: _____ COMPLETE INCOMPLETE

RESULT: OFFERED CONDITIONAL OFFER REJECTED

NOTES: _____

ACADEMIC COORDINATOR

SIGNATURE: _____ DATE: _____ OFFICIAL STAMP: _____