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# Application Form (Corporate)

Co Reg No 200501805D

## Billing Information

Name:  Designation:

Company:

Address:

Tel:  Mobile:  Fax:

Email:

Business Unit (BU/SBU):  (For Ministries or Government Agencies using the e-invoice system only)

Participant Name		Course Name	Date	Amount
Name				
Email				
Name				
Email				
Name				
Email				
Name				
Email				
Name				
Email				
Name				
Email				
<b>Total Price</b>				

**What you must know**

1. While we make every effort to deliver all classes, we do reserve the right to cancel or reschedule classes at any time. In the event we must cancel or reschedule a class, we will give you advance notice.
2. Training hours: 9am to 6pm (unless otherwise stated)
3. Where SDF application is involved, please log-in to [www.skillsconnect.gov.sg](http://www.skillsconnect.gov.sg) to submit your SDF application.

\_\_\_\_\_  
Authorised signature

\_\_\_\_\_  
Company stamp

\_\_\_\_\_  
Name & designation

\_\_\_\_\_  
Date

*Thank you. Once we received your application form, we will contact you shortly.*