

# MESTI DIGITAL REGISTRATION FORM

COMPANY NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_ TEL NO: \_\_\_\_\_  
FAX NO: \_\_\_\_\_

CONTACT PERSON : \_\_\_\_\_ TEL NO: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## COMPANY DECLARATION

I confirm that all the participants listed and registered for the MESTI Digital programme are current employees of \_\_\_\_\_

State company's name

Company Stamp:

Date:

## PARTICIPANT DETAILS:

	NAME
1.	
2.	
3.	
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	NAME
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### CANCELLATION:

Cancellation must be made no later than 3 days prior to commencement date and informed through official channels.



**SELANGOR HUMAN RESOURCE DEVELOPMENT CENTRE**

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