



LCCI ACCOUNTING COURSE

INSTITUT KOJADI

M01, MEZZANINE DLOOR, WISMA MCA, 163 JALAN AMPANG

50450 KUALA LUMPUR.

TEL: 03-2166 8211 FAX: 03-2166 7211

E-mail: enquiry@ki.edu.my

Homepage: <http://www.ki.edu.my>

PERSONAL DETAILS

NAME (AS IN IC / PASSPORT):

NIRC NO. / PASSPORT NO.

SEX: MALE FEMALE

AGE: _____

ADDRESS:

CONTACT NUMBER:

(H): _____

(O): _____

(H/P): _____

E-MAIL: _____

COMPANY NAME & ADDRESS (if any):

SIGNATURE:

DATE:

* All registration must be accompanied with payment. Payment can be made in cash/cheque.

* All cheques should be made payable to "KOJADI EDUCATION SERVICES SDN BHD".

* KOJADI Institute reserves the right to cancel this course due to unforeseen circumstances.

B. FOR OFFICE USE ONLY

PAYMENT MADE

REGISTRATION FEE

RM _____

COURSE FEE

RM _____

TOTAL FEES

RM _____

RECEIPT NO.

ATTENDED BY: _____

Name: _____

Date: _____

C. ACADEMIC RECORDS & WORKING EXPERIENCE

SCHOOL / INSTITUTE / COLLEGE	FROM	TO	QUALIFICATION	GRADE
			PMR	
			SPM	
			UEC	
			STPM	
			Others	

EXTRA-MURAL ACTIVITIES / INTEREST / SPORTS / SOCIAL WORK / HOBBIES

POSITIONS / RESPONSIBILITIES (IN SCHOOL , COMMUNITY OR AT WORK)

WORK EXPERIENCE

TYPES OF WORK	POSITION	EMPLOYER / COMPANY	INDUSTRY

D. STUDENT'S DECLARATION

I hereby declare that the above particulars are true and correct. I fully understand the conditions of registration at KOJADI Institute and agreed to abide by all the prevailing rules and regulations of the institute. I understand that KOJADI Institute reserves the right to change its fees structure, course details, campus infrastructure and academic staff at its discretion without reference or prior notice to me.

<p><i>How did you get to know KOJADI Institute?:</i></p> <p>1. Newspaper Advertisement : () (Which Newspaper) _____</p> <p>2. Education Fair / Road shows : () (Please specify which fair) _____</p> <p>3. Friends & Relatives : () (KOJADI Institute student): YES / NO</p> <p>4. Banner / buntings : () (Which area) _____</p> <p>5. Pamphlets / Leaflets Distribution : () (Please specify which area) _____</p> <p>6. School Education Fair : () (Which school) _____</p> <p>7. Secondary School Magazine Ad : () (Which school) _____</p> <p>8. Others : _____</p> <p>Student Introducer: () Name: _____ Class: _____</p> <p>Signature: _____</p> <p>Names : _____</p> <p>Date : _____ - _____ - _____</p> <p>Counseled By: (Name of counselor) Mr./Ms./Madam: _____</p> <p>Registered / Attended By: (Name of staff attending to student) Mr./Ms./Madam: _____</p>
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