

Please fill out the registration form and return to [cali@asialeadership.org](mailto:cali@asialeadership.org) . Contact +603-7491-8716 should you require further information.

### APPLICANT'S DETAILS

<b>Title</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Madam	<input type="checkbox"/> Ms	<input type="checkbox"/> Others:
<b>Full Name</b>	Given Name:		Surname:	
<b>Name to Appear on Certificate</b>				
<b>MyKad No. (Malaysians Only)</b>				
<b>Passport Details</b>	Passport No.:		Issuing Country:	
<b>Nationality</b>				
<b>Age</b>				
<b>Mobile Number</b>				
<b>Email Address</b>				
<b>Dietary Requirements</b>	<input type="checkbox"/> Allergy: _____ <i>(please indicate)</i> <input type="checkbox"/> Vegetarian			
<b>Emergency Contact</b>	Name:		Contact No.:	

### PROGRAM FEE & PAYMENT DETAILS

No.	Type	Program Fee (MYR)	Please Tick
1	Regular Rate	2,600.00	

Payment is due prior to commencement of program and must be made by crossed Account Payee Cheque / Bank Transfer or Government Local Order payable to **"Center for Asia Leadership Sdn Bhd"**

Kindly fill up the information below for invoicing purposes:

<b>Company Name &amp; Address (For Invoicing Purpose)</b>		
<b>HR/Finance Person</b>	Name:	Designation:
<b>Email Address</b>		
<b>Contact Number</b>	Office:	Mobile

### Telegraphic Transfer Details:

Bank Name : HSBC Bank Malaysia Berhad  
 Account No. : 105-741508-101  
 Swift Code : HBMBMYKL  
 Bank Address : No. 2, Leboh Ampang, 50100 Kuala Lumpur, Malaysia

### HOW DID YOU LEARN ABOUT THIS PROGRAM?

- Brochure from CAL                       CAL Newsletter                       CAL Website  
 Newspaper                                       Recommendation from Friends / Family                       Social Media  
 Others (please specify): \_\_\_\_\_

**PERSONAL DATA PROTECTION ACT**

By submitting this Form, the participant hereby agrees that Center for Asia Leadership (CAL) may collect, obtain, store and process his/her personal data that he/she provide in this form for the purpose of receiving updates, news, promotional and marketing mails or materials from CAL.

The participant hereby give his/her consent to CAL to:-

- Store and process his/her Personal Data;
- Disclose his/her Personal Data to the relevant governmental authorities or third parties where required by law or for legal purposes.

For the purpose of updating or correcting such data, he/she may at any time apply to the CAL to have access to his/her personal data which are stored by CAL.

For the avoidance of doubt, Personal Data includes all data defined within the Personal Data Protection Act 2010 including all data you had disclosed to CAL in this Form.

Authorized Signature:

Company Stamp (if applicable):

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Name and Date:

**CANCELLATION AND REFUND POLICY**

All cancellation must be submitted in writing to CAL prior to program commencement to receive a refund and subject to the following:

Less than 21 days prior to commencement - 50% refund

Less than 14 days prior to commencement - no refund, substitution is allowed provided CAL is notified in writing

**OTHER INFORMATION**

CAL reserves the right to use photographs and videos taken during the program and names of participants for promotional purposes and reserves the right to change without prior notice any statement in the brochure concerning, but not limited to, rules, policies, fees and curriculum.

You may wish to continue having an in-house course delivered locally on-site if you have a number of participants with similar training needs. This course can be customised to fit specific requirements.