

Business Plus International Limited

Tel: 2464 4595

APPLICATION FORM

Part A 中 部: Programme Applied 報							
Please put a tick in t	he appropriate box 請於	商當空格內加上"✓	"號				
☐ Certificate in Leade	□Cer	□Certificate in Planning and Starting a Business					
□Other program 其他課程:							
Session 時段:□ Da	y 日間 / □ Evening 夜間	Moth	er Tongue母語	: 🗆 C	Chinese 中文 / □ English 英文		
				□ C	Others 其他		
Part B 乙部: F	ersonal Particu	lars 個人資	赹				
Please complete in B	LOCK LETTERS 請以正楷	填寫					
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Name 姓名	MAYARIR KANAN		/W////	2000			
	En	glish 英文	ł	ĭ	Chinese 中文		
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Date of Birth 出生日期		***	Age	年齢			
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Contact No. 聯絡電話		Zenseeren Ze					
	LHome 住宅	M	obile 手提電話		Office 辦公室		
E-mail 電郵地址							
Service		COVERN ASSESSMENT ASSE					
Address 地址	***************************************	······································	**************************************				
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Academic	REALINGER		ļ				
Qualifications 學歷		wi		***************************************	**************************************		
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Working Experience	esecuses.		NA CANADA		!		
工作經驗		A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			**************************************		
	Title職位 Period		年份 Company 公司		Company 公司		
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Name姓名	· · · · · · · · · · · · · · · · · · ·	Kela	ntionship關係	ů»			
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E-mail 電郵		Con	tact No. 電話				

Part D 丁部: Source of Information 資訊來源

You may choose more than one of	ption. 可選擇多於一項						
□ Business+ Website 網站	□ Referral from Friends 友人介紹	□ Referral from Connected Organizations 相關機構介紹					
□ Information Seminar 講座	□ E Promotion 網上宣傳	□ Others 其他					
	(Please Specify 請列明訊息渠道:)	(Please Specify 請詳細列明:)					
Is it your first time to take our course? 閣下是否第一次報讀本校課程? □ Yes 是 □ No 否 (Please Specify 請列明課程:)							
Part E 戊部: Terms 條	款						
服務的其他人員及機構。 The person	nal data collected about you will be used to related to you will be kept confidential bu	下可能將這些資料提供予本機構有關人員及為本機構提供 or the purpose of Admission and Registration. It they may be provided to appropriate personal of the					
2. 你必須提供本表格所要求的個人資料以便本機構提供你所需要的服務。 你亦須確保該等資料的完整及準確。 如你未能提供所要求的資料或所提供的資料不準確或不完整,本機構可能無法提供你所需要的服務。 The personal data requested in this form is mandatory for us to provide services to you. Please make sure that the data are completed and accurate. If you fail to provide us the data requested or if the data provided is inaccurate or incomplete, we may be unable to provide the services to you.							
3. 在個人資料 (私隱) 條例下,你有權查閱及更正你的個人資料。 詳情請向本機構職員查詢。 Under the Personal Data (Privacy) Ordinance ("the Ordinance"), you have the right to request access to and correction of personal data held by the Company related to you. Contact the Company Staff for details.							
4. 一經取錄,學員必須於開課前一個月內繳交所報讀課程的首期學費及準時繳交其餘的學費。所繳交之學費不得轉讓他人。 Upon the acceptance of the application, students should pay the first installment of the programme(s) applied within one month prior to the course commencement and should pay the remaining tuition fees punctually. Tuition fee is non-transferable.							
5. 於必要時,本機構有權就原定上課日期、時間及原定導師作出更改或調動。The Company has the right to make changes of all original programme schedules (i.e. date, time and instructor)							
DECLARATION 聲明: 本人證實本報名表內所有資料均屬正確無誤,並同意上述之資料會被用作處理一切有關事宜。 如有虛報或資料不全,即使已被本機構取錄及註冊,亦有可能會被取消資格。 本人授權機構使用本人之資料作為統計及學術研究用途。 本人 清楚明白一經取錄,本人的個人資料會存入學生檔案作學術及行政用途。 I hereby declare that all the information provided in the application form is accurate and complete. I accept that this information will be used in the admission process and that misrepresentation will disqualify my application for admission and enrollment. I authorize the student record which be used for academic and administrative purposes. 本人清楚丁部關於條款的內容。 I have noted the contents of the Terms as detailed in Part D. 本人同意如本人註冊入學,當遵守機構實施的所有規程和規則。 I consent that if registered, I will confirm to the Status and Regulations of the Company for the time being in force.							
申請人簽署 Applicant's Signature		日期 Date					
Official Use Only							
Payment Method							
□ CASH □ CHEQU	JE 🗆 CREDIT CARD 🗀	OTHERS:					
Documentation attached							
☐ HKID Copy	, _	see*					
□ CEF Application Form□ Academic Records		•					
☐ Receipt: Number							
Remarks: Check by:							