



## In-Com Link Management Associates Ltd.

<Your preferred training partner & provider in teaching and training materials>

### ENROLLMENT FORM for Continuing Education Fund Course

Name of Applicant: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Mobile Phone No: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_

HKID/Passport No: \_\_\_\_\_ (Please attached documentary copy)

Past Academic Qualifications:

Institution	Name of Award	Year Obtained

Working Experience:

Organization	Job Position	Period

Course Applied:

Course Code	Course/Program Name	Commencement Date

Payment By cheque : Cheque No. \_\_\_\_\_ Bank: \_\_\_\_\_

Payment Amount : \_\_\_\_\_

Please  if an official receipt is required

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Important Notes

1. Please make your cheque payable to **In-Com Link Management Associates Ltd.** and attach the completed enrollment form and send to **Rm. D, 11/F., 8, Hart Avenue, TST, Kowloon, Hong Kong**
2. In-Com Link Management Associates Ltd. reserves the right to cancel or make any changes to the classes with prior notice to the enrollees.
3. Enrollment confirmation will be faxed/mailed/emailed to each enrollee.
4. No refund of course fee will be arranged unless the course is cancelled or overbooked.
5. Courses will be refunded and cancelled when typhoon signal no. 8 or above OR black rainstorm warning is still hoisted 4 hours before the course commencement.
6. For inquiries, please contact us at phone: 24310379/email: iclltd@tdctrade.com or icladmin@tdctrade.com or Fax: 30054762