LOGISTICS & SUPPLY CHAIN MANAGEMENT REGISTRATION FORM

1. **Name of Company**:……
2. **Name of Applicant**:……..
   i) Mobile No:……...
   ii) Active Email Address:……
   iii) Position:……...
3. **Name of Authorizing Manager**……..
4. **Mobile No. (Authorizing Manager)**:……..
5. **Active Email Address (Authorizing Manager):……**
6. **Date of Registration**:……
7. **Do You Need A Certificate At The End of The Seminar?:** **Yes:** ☐ **No:** ☐
8. **SIGNATURE……..**

FOR OFFICE USE ONLY

Remarks: ……

……

Approved/Not Approved: …… Date: ……

Signature: ……