FRASERPDA | **Fraser Professional Development Academy Ltd.**
科 正 專 業 發 展 學 院 有 限 公 司

For Internal Use 供本公司填寫

Ref. _____

ENROLMENT FORM
報 名 表

Course Code (if any) 課程編號(如適用)：	
Course Title 課程名稱： 1.　ISO9001:2015 QMS Auditor/Lead Auditor Training Course (5-days)　☐ 　　Course Fee 學費：To be advised 2.　Enquiry for others course　查詢其他課程資料：　☐	**Start Date** 開課日期：

For details please contact us at 2653 6433 如有任何查詢可致電 2653 6433

Applicant Information 申請人資料：

Name of Applicant: (Mr. / Ms.)*: _____ (In English)

申請人姓名（先生/ 小姐)*: _____ (中文)

Company names 公司名稱： _____

Address 地址： _____

Tel. 電話： _____　　Fax 傳真： _____　　Mobile no. 流動電話： _____

HKID 身份證號碼： _____　　Email 電郵： _____　　Position 職位： _____

(First 4 digital 頭 4 個數字)

Payment Method 付款方法：

Bank 銀行名稱： _____　　　　Cheque no. 支票號碼： _____

The cheque has to be crossed and made payable to the "Fraser Professional Development Academy Ltd.". Please send it together with this enrolment form to: Room 1122, 11/F, Pacific Link Tower (South Mark), 11 Yip Hing Street, Wong Chuk Hang, Hong Kong.

支票請劃線，抬頭人為『科正專業發展學院有限公司』，並請連同此登記表格一併寄往：香港黃竹坑業興街 11 號信聯電訊大樓(南匯廣場）11 樓 1122 室。

Declaration 聲明：

Personal Data Collection Statement 1. The personal data of applicants are collected and kept for purposes of processing of applications of course enrolment, course admission, course research and statistical matters. 2. The personal data provided in this form will be used by the Company for direct marketing, training and education programmes, and other services and activities that it may arrange. 3. Applicants wishing for access to and/or correction of personal data may send their written requests to the Company. If you do not wish to receive information as stated in point 2 of this statement, please indicate your objection by putting cross in the box. You may at any time send your written requests to our Company. ☐

個人資料收集聲明

1.　本公司收集及保存個人資料的目的及用途為處理課程報名的申請、安排入讀事宜、課程研究及統計事宜。

2.　此報名表內所提供的個人資料將供本公司職員向申請人進行直接促銷活動，包括培訓及教育課程、推廣及其他服務及活動。

3.　申請人如欲查閱及/或更改個人資料，請向本公司提交書面申請。

不欲接收此聲明第二項所述之本會資訊，請於空格內填上 X 號，或隨時向本會提交書面申請。☐

Signature 申請人簽署： _____　　Date 日期： _____