



花艺专业人才培养学院

LEE FLOWER DESIGN ACADEMY

No. 70 A, Jalan SS 15 / 4, Subang Jaya, 47500 Petaling Jaya, Selangor Darul Ehsan, Malaysia.

Tel : +603 - 5637 0668 | Fax : +603 - 5637 6118 | URL : LFDA.MY | E-mail : info@lfda.my

Company Reg # : 798753-V | GST Reg # : 0009 3966 3360 | Industry Code : 741 09

REGISTRATION FORM

** Please use all capital letters*

Name (as in Passport / NRIC) : _____

NRIC No. OR Passport No. : _____

Date of Birth : _____

Nationality : _____

Occupation : _____

Any experience in floral design ? : _____

Home Address : _____

Please submit two non returnable passport Photo.

Included one attach here.

Home || Office Telephone : _____ *Do you want to stay informed about up-coming*

Hand Phone : _____ *floral events via E-mail & SMS?* Yes No

E-mail : _____

Floral Courses Category : _____ Amount : RM

How did you find us? (optional) : * Yellow Pages || * Internet || * News Paper || * Magazine || * Others

Cash || Cheque No. : _____ Bank's Name : _____

Name On Card / Cheque : _____ Local Bank / Branch : _____

* Credit Card (Requires 3% Charges) : _____ (We prefer payment by Cheque, Cash or Wire Transfer)

* Debit Card (Requires 2% Charges) : _____

Credit Card Exp Date : _____ Lee Flower Design Academy Sdn. Bhd.

Credit Card ID (CCV) : _____ Maybank Account Number : 5122 2232 3796

* For Office Use Only

Credit Card Approval Code : _____ Approval Code Dated / Time : _____

Registration Fee : RM 150.00

Floral Course Fee : _____

Other Charges (if any) : _____

GST (Zer0%) : _____

Total Amount : _____

Student's ID No. : _____ Student's Signature : _____

Registration Date (dd/mm/yy) : _____ 2019 (_____)

By submitting this registration form, means you have read and agreed with our terms and conditions.

*Note * : No Refund will be entertained if the courses is not completed, due to no fault of the school, within the stipulated time frame . All courses and makeup classes must be completed within **ONE Year** of the registration date.*

* For Office Use Only

Total Amount Received : RM _____ Dated on : _____ 2019 (_____)

Payment Received by : _____

* For Office Use Only

Instructor : _____

Commencing Date : _____

Lesson Completed On Date : _____

Examination Date : _____

Remarks : _____