ENVIRONMENT INSTITUTE OF MALAYSIA (EiMAS)
Tel: 03-89261500 Fax: 03-89261700

EiMAS-F2

EXAMINATION APPLICATION FORM

1. Examination code : CCSWM

2. Examination date : dd - mm - yyyy 20

3. Examination venue :

4. Name

5. I/C No

6. Gender Male ☐ Female ☐

7. Race Malay ☐ Chinese ☐ Indian ☐ Others ☐

8 Date Attend Course - - until - -

9. Nationality :

10. Home address ☐

11. Company address ☐
Company Name : _

Please tick (/) the address used for correspondence (offer letter, certificate etc)

12. Tel No 13. Fax No

(Please submit a certified true copy of certificate of Attendance.Applications without a copy of the certificate will be rejected.)

Examination fee has to be submitted together with this application (payable to **Pengarah, Institut Alam Sekitar Malaysia**)
(Fees are not refundable) (For Re-sit only)

Closing Date : 30 May 2007 (For 18 June 2007 examination) OR 16 November 2007 (For 3 December 2007 examination)

14. Examination fees amount RM 400 . 00

15. Payment Method Money order ☐ Bank draft ☐

Company cheque ☐ No.

Cash _____

Please send the invoice to my company (attention to: _____)*

* If invoice is required

Note: Personal cheque will not be accepted

16. I hereby certify that the above statements are true and complete.

Date dd - mm - yyyy 20

_____
Signature of Applicant