

REGISTRATION FORM

Yes! I am/ We are interested in attending the **1-Day Accountability for Business** dated **February 19, 2024 (Monday)**

| | | | |
|---|---|--|--|
| Participant 1: Full Name per IC: _____ _____ Designation: _____ Contact No.: _____ Email: _____ | Participant 2: Full Name per IC: _____ _____ Designation: _____ Contact No.: _____ Email: _____ | | |
| Participant 3: Full Name per IC: _____ _____ Designation: _____ Contact No.: _____ Email: _____ | Participant 4: Full Name per IC: _____ _____ Designation: _____ Contact No.: _____ Email: _____ | | |
| Company Details: Company Name: _____ Contact Person: _____ Designation: _____ Contact No.: _____ | | Company Address: _____ _____ _____ Email: _____ | |

Payment to be remitted to:

PM RESOURCES SDN BHD
Bank Name: CIMB ISLAMIC BANK BHD
Bank Account No: 8603232891
SWIFT Code: CTBBMYKL


Once payment has been made, please complete this form & email it together with the payment advice to training@pm-resources.com/ berenice.ong@pm-resources.com. Thank you.

Note: PM Resources Sdn Bhd reserves the right to postpone, cancel and/ or amend the program if warranted by circumstances beyond our control

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