



花艺专业人才培养学院

LEE FLOWER DESIGN ACADEMY

No. 70, 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 floral events via E-mail & SMS? Yes No
Hand Phone : _____

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 (Require 3% Charges) : _____ (We prefer payment by Cheque, Cash or Wire Transfer)
Card Exp : _____
Card ID : _____
Lee Flower Design Academy Sdn. Bhd.
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 (6%) : _____
Total Amount : _____
Student's ID No. : _____ Student's Signature : _____
Registration Date (dd/mm/yy) : _____ 2016 (_____)

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 : _____ 2016 (_____)
Payment Received by : _____

* For Office Use Only

Instructor : _____
Commencing Date : _____
Lesson Completed On Date : _____
Examination Date : _____
Remarks : _____