



FOR OFFICE USE ONLY

DATE OF APPLICATION	
DATE OF PROCESSING	
MEMBERSHIP ID	

Section A: PERSONAL INFORMATION

1.	Name in full of Nominee:	
2.	Identity Card No.:	
3.	Postal Address:	
4.	Telephone no.:	Fax no.:
5.	Email (centre):	
6.	Training Expertise (Years):	HRDF Certified Trainer : (Y / N)
7.	Position in Company:	



Section B: COMPANY INFORMATION

1	Name of Company:		
2	Incorporation Date:	Registration Number:	
3	HRDF Approve (Yes / No)	HRDF Cert ID:	
4	Other Approval:		
5	Address:		
6	Telephone:	Fax:	E Mail:
	Web:	Facebook:	WhatsApp No:

Section C: SUBSCRIPTION

My/Our cheque for RM _____ is enclosed.

ENTRANCE @ SUBSCRIPTION FEES, CASH OR CHEQUE PAYABLE TO

“MALAYSIA TRAINING PROVIDERS ASSOCIATION “

ACCOUNT NO: CIMB ISLAMIC BANK 8602630716



Section D: DECLARATION

I certify that the information that I have given in this application form is correct. I agree to the condition that the MATPA has the right to reject this application if any information given is found to be incorrect. I also observe and ensure payment of all fees and other liabilities.

Signature: _____

Date: _____

Section E: FOR OFFICE USE

VI. FOR OFFICE USE

Comment:

Approved by : _____

Application Status:

- Approved**
 Reject

Name :
Position :
Date :

SEND THE COMPLETE FORM AND DOCUMENTS TO THE FOLLOWING ADDRESS

Malaysia Training Providers Association (MATPA)
Suite C-13-6, 13th Floor, Wisma Goshen, Bangsar Trade Centre
59200 Kuala Lumpur.
Tel : 603 22844 148
Fax : 603 22844175
Web: www.mymatpa.org
Email: secretariatmatpa@gmail.com