



## APEL.Q REGISTRATION FORM

|  |  |         |         |
|--|--|---------|---------|
| Full Name (as in IC/ Passport)   |  |         |         |
| Correspondence Address   |  |         |         |
|  |  |         |         |
| IC/ Passport Number  |  |         |         |
| Date of Birth  |  |         |         |
| Gender (Please tick [√] one)   | <input type="checkbox"/> Male <input type="checkbox"/> Female  |         |         |
| Contact Numbers  | Home:  | Office: | Mobile: |
|  | Fax:   | Email:  |         |
| Programme and Payment<br>(Please tick [√] one)   | <input type="checkbox"/> Doctor of Business Administration<br>Registration Fee RM700<br><br><input type="checkbox"/> Master of Business Administration<br>Registration Fee RM700 |         |         |
| Payment transfer to CIMB Bank account.<br>Account Name: U.C.I Education Sdn. Bhd.<br>Account No: 800 229 5164<br>Please email payment slip to:<br><a href="mailto:cac@city.edu.my">cac@city.edu.my</a> and <a href="mailto:credit.control@city.edu.my">credit.control@city.edu.my</a><br>Provide your full name, contact no., and NRIC/ Passport No. in the email. |  |         |         |

I hereby declare that all information/ documents provided are authentic, true, and accurate. I fully understand that City University reserves the right to reject my registration if proven otherwise.

| Signature   |                     |    |  |
|---|---------------------|----|--|
| Name  |                     |    |  |
| Date  |                     |    |  |
| Check List (Please tick √)  | For Office Use Only |    |  |
|   | Yes                 | No | Acknowledgement by:<br><br><br><br>Date: |
| Photocopy MyKad/ Passport   |                     |    |  |
| Registration Fee (Online Receipt/<br>Banker's Cheque/ Draft No:.....) |                     |    |  |
| 1 recent passport size photographs                                    |                     |    |  |
| Certified Certificate/ Transcript/<br>Documents                       |                     |    |  |