

**COMPANY SPONSORSHIP FORM**

**Instructions**

1. This form must be completed in full, verified and endorsed by the company/organisation sponsoring your course application.
2. Please submit the endorsed sponsorship form with your course application via the WSG eTEAMS online course registration portal.

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| **To be completed by the Employer/Sponsoring Company** |
| Please tick (✓) to indicate the course applied for:* Career Advisory Programme (CAP)
* CAP Assessment Only Pathway (CAP AOP)
* Career Facilitation Programme (CFP)
* CFP Assessment Only Pathway (CAP AOP)

|  |  |  |
| --- | --- | --- |
| Course/AOP Run No | : |  |
| Course/AOP Start & End Date | : |  |
| Name of Applicant | : |  |
| NRIC/Fin No | : |  |

**BILLING DETAILS**

|  |  |  |
| --- | --- | --- |
| Company Registered Name | : |  |
| Company UEN No | : |  |
| Company Sub-BU Code | : |  |
|  |  | *for Government Ministry/Statutory Board (if Any)* |

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| **CONTACT PERSON DETAILS****(Tax invoice for the course fee payable will be sent to the Contact Person)**

|  |  |  |
| --- | --- | --- |
| Company Contact Person | : |  |
| Designation | : |  |
| Department | : |  |
| Office Contact No | : |  |
| Email Address | : |  |
|  |  |  |
| Company Official Stamp & Authorised Signature | : |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Date | : |  |

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