[](https://www.bing.com/images/search?q=wsg+logo&id=82484A64A1CBB46B65FDDEAC5AFED211C3EB43C5&FORM=IQFRBA)

**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.

|  |
| --- |
| **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)* | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | : |  | |