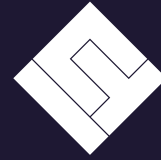


EMPLOYER VERIFICATION FORM



Please complete in block capitals

Date Received:

ICTA usage only

International Compliance Training Academy Pte Ltd

77 Robinson Road
#07-01
Singapore 068896

Tel: +65 6500 0010
Fax: +65 6327 9618
Email: enquiries@int-comp.com
Website: www.icta.com.sg

Thank you for completing the online enrolment form. As you have chosen 'invoice to my employer', it would be appreciated if you could complete the fields below in order for the administration team to process your enrolment.

Delegate Name:

Telephone Number:

Company Name:

Programme Title:

We require a signature on behalf of your employer (e.g. a line manager, HR department or accounts).

Could a representative please sign, print and date below.

I confirm that I have read the Terms and Conditions provided with this form

Print:

Date:

Sign:

Company Stamp

Thank you - you can return this to ICTA by email, fax or post as above.

(Please note that your enrolment form cannot be processed until this form has been received).