

Company Sponsorship Form

PACE-FRM-104(E)

NOTE TO APPLICANTS/STUDENTS & SPONSORS:

1. This form must be completed and endorsed by authorised personnel from Sponsoring Company.
2. This form must be submitted by the applicant/student at least 2 weeks' before semester commencement.
3. This form only needs to be submitted once and it will be valid throughout the student's course of study.
4. It is the applicant's/student's responsibility to inform PACE Academy, Singapore Polytechnic at ptenquiry@sp.edu.sg if there any changes in the Sponsoring Company or its billing contact person.
5. Fees will be billed on a semestral basis unless otherwise indicated. All invoices will be sent to the company's 1st billing contact person every semester. The 2nd billing contact person will only be contacted in the event that the 1st person is unreachable.
6. (i) Notice of termination of financial sponsorship for the employees must be given in writing to Singapore Polytechnic, PACE Academy **before** the commencement of each academic session or academic term irrespective of whether or not the company has been billed the fees of their sponsored employees.

(ii) If notice of termination of financial sponsorship is received **after** the commencement of the academic session or each academic term, the company will be required to pay the accrued fees for their sponsored employees.
7. For withdrawal requests, applicants/sponsors shall settle all outstanding bills prior to withdrawal. The portion of course fee to be billed on the submission date of Withdrawal Application Form as follows:
 - i. On or after date of semester commencement – full amount to be charged.
 - ii. Within TWO (2) weeks before commencement of the course – 30% of course fee will be charged.

Part A APPLICANT'S/STUDENT'S PARTICULARS (Please fill in ALL the fields)		
Name:	Date of Birth (dd/mm/yyyy) :	
NRIC/FIN No.:	Student ID (if any):	
Citizenship: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others _____		
Residential Address :		Postal Code:
Course Title:		
Intake Month: <input type="checkbox"/> April <input type="checkbox"/> October Year: _____		
Contact Numbers : (Home) _____ (Mobile) _____ (Office) _____		
Email :	Job Title :	

Part B SPONSORING COMPANY DETAILS (Please fill in ALL the fields)	
Registered Name Of Company : _____	
Company Registration Number : _____ Sub-BU code (for ministries & statutory boards): _____	
Company Address : _____	
Postal Code : _____	
Billing Contact Person 1 : Mr / Mrs / Miss * : _____	
Designation : _____	Email : _____
Contact No : _____	Fax : _____
Billing Contact Person 2 : Mr / Mrs / Miss * : _____	
Designation : _____	Email : _____
Contact No : _____	Fax : _____

Part C	SPONSORING COMPANY'S DECLARATION (Please fill in ALL the fields)
Is your company a Small & Medium Enterprise (SME) with at least 30% local shareholding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your company a Small & Medium Enterprise (SME) with Group ¹ annual sales turnover ² of not more than \$100 million OR Group employment size ³ of not more than 200 employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
¹ Group tracing: All corporate shareholder(s) holding more than 50% of total shareholding of the company and any subsequent corporate parents. All subsidiaries of the company.	
² Annual sales turnover refers to the revenue or sales turnover stated on the company's income statement.	
³ A company should include in its employment size any persons employed under a contract of service in accordance to the Employment Act. This is regardless of the nationality of the employee	

1. We have read and understood the above-mentioned instructions, our company will be sponsoring and be responsible for all fees in respect of the above-mentioned. Please bill our company accordingly and forward the invoice to billing contact person's email address as in Part B.
2. We declare that all information and particulars provided in this Form are true, complete and accurate and that we have not withheld or distorted any information or particulars required under this Form. We understand that if any information or particulars provided by us is false, inaccurate, distorted or misleading in any way, Singapore Polytechnic reserves the right to withdraw the funding given (if any) to the company.
3. We agree that the personal information we are providing in this form can be used by Singapore Polytechnic, PACE Academy for the purpose of reports required by the Ministry of Education (MOE) and/or other Government agencies.

Signature of Company's Authorised Personnel: _____ Date: _____

Name & Designation of Company Authorised Personnel: _____

Company Stamp:

Part D	APPLICANT'S/STUDENT'S DECLARATION (Please fill in ALL the fields)
I, (Name of Applicant/Student) _____	
NRIC/FIN/Passport No *: _____ of (Name of Sponsoring Company) _____	
_____ hereby declare that I will undertake to pay the fees for my course of study at the Singapore Polytechnic, PACE Academy should my sponsoring employer withdraw their sponsorship, or if I have left their employment.	
Signature of Applicant/Student: _____ Date: _____	

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FOR PACE ACADEMY OFFICIAL USE	
SME: <input type="checkbox"/> Yes <input type="checkbox"/> No Verified on: _____	Verified By: _____ (Name/Signature)
Course Fee:	TBIL on: _____
Remarks (if any)	