

NOTE TO APPLICANT/STUDENT & SPONSORING COMPANY:

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 are any changes in the Sponsoring Company or its billing contact person details.
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 employee must be given in writing to PACE Academy, Singapore Polytechnic **before** the semester commencement irrespective of whether or not the company has been billed the fees of their sponsored employee.

(ii) If notice of termination of financial sponsorship is received **after** the semester commencement, the company will be required to pay the accrued fees for their sponsored employee.
7. For withdrawal requests, applicant/sponsor shall settle all outstanding bills prior to withdrawal. The portion of course fee to be billed on the submission date of withdrawal request as follows:
 - i. On or after date of semester commencement – 100% of the course fees will be charged.
 - ii. Within TWO (2) weeks before semester commencement – 30% of the course fees 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? Yes No

Is your company a Small & Medium Enterprise (SME) with Group¹ annual sales turnover² of not more than \$100 million **OR** Group employment size³ of not more than 200 employees? Yes 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 1'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 PACE Academy, Singapore Polytechnic 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)
	<p>I, (Name of Applicant/Student) _____</p> <p>NRIC/FIN/Passport No *: _____ of (Name of Sponsoring Company) _____</p> <p>_____ hereby declare that I will undertake to pay the fees for my course of study at the PACE Academy, Singapore Polytechnic, should my sponsoring company withdraw their sponsorship, or if I have left their employment.</p> <p>Signature of Applicant/Student: _____ Date: _____</p>

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) 	