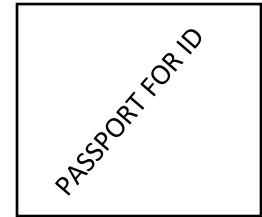




MOXIE LINKS SYSTEMS
TELECOMMUNICATION TRAINING CENTRE
09154393665, 08067608953
info@moxielinksys.com
www.moxielinksys.com



TRAINING REGISTRATION FORM

Kindly fill this form appropriately as required:

Non-refundable registration fee of N5,000 for ID card and Kits, should be paid at the point of collecting or submitting this form.

SECTION A: BIODATA

NAME: (Surname First) _____

Date of birth _____ Gender: _____

Resident Address: _____ city _____ State _____

Email: _____ Active phone: _____

Next of kin/sponsor name: _____

Address: _____ Phone _____

Referral Code (if any): MLS/ _____

SECTION B: Course

*Kindly refer back to website/flyer/customer care for full course details, we advise you to seek for counsel from the management on course enlightenment with respect to your career life, **You can call 08067608953 for help.***

Choose a course

Course A: Course B: Course C: Course D: Course E:

Course F: Course G: Course H: Course I: Course J:

Do note that there is room for change of course within the first week of training.

70% of the registration fee should be made before commencement of training and remaining 30% be made before the third week of commencement. Should there be reason for late payment, kindly see the management person ahead.

SECTION C:

Current employment status; *Tick as it apply to you*

Full time employed: Part time employed: unemployed: Self-employed:

Do you need accommodation? YES Fully: YES part-time: NO:

Do you need JOB placement after training? YES NO

Training will be 3-days a week, 2-session /day. 2-days of intensive practical training and the third day for self-practice with live equipment. For those on accommodation, you can be call for field work at any time/day.

KINDLY READ THROUGH MANAGEMENT RULES AND REGULATIONS FOR ALL TRAINEES AT THE COMMENCEMENT OF TRAINING.

NO USE OF VPN WITHOUT MANAGEMENT PERMISSION

I _____ humbly agree and promise to abide by management rules and regulations, and if by any means I go against any, the management should suspend me without refund.

Signature

Date

SECTION D: Official only:

Trainee Registration code: MLST/_____ wi-fi details: _____

Accommodation requires? _____ Job placement requires? _____

Job placement status: _____ company: _____

Training Payment Status: _____

Remark on trainee: _____

Staff Name: _____ Staff Phone NO.: _____

Sign/date/stamp