

NORIA TRAINING & ICML EXAMINATION REGISTRATION FORM

Personal Details

First Name : _____

Last Name : _____

NRIC : _____

Job Title : _____

Company Name : _____

Contact Details

Email Id : _____

(**ICML's confidentiality policy states that the individual test results are to be released directly to the candidate. Digital credentials will also be emailed to this preferred email address)

Secondary Email id : _____

Invoicing Email id : _____

Office Phone : _____

Mobile Number : _____

Personal Contact Address : _____

Office Address : _____

Certification Details

Training Completion Date : _____

Examination Type : ☐ MLT I ☐ MLT II ☐ MLE
☐ MLA I ☐ MLA II ☐ MLA III

Examination Language : English / Malay

First time taking this exam / Repeat : _____

Name to appear on Certificate : _____

Diet Preference Details

Diet Preference during training : ☐ Vegan ☐ Vegetarian ☐ Non-Vegetarian Others: _____

Any Allergic Requirement : _____