



Application Form

Particulars of Participant			
Name:			
Sex: F/M	Identification/Passport No.:	DOB:	(dd/mm/yyyy)
Home Address:			Postal Code:
Mobile:	Email:		
Items	Fees		
Product			
Program			
† Registration Fee			
Promotion Code:			
Total			
† One-time administration fee and training materials required by programs.			
For Official Use			
Authorized Person:		Date:	Receipt No.:
Payment Mode: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Transfer to OCBC A/C: 591-495825-001		Cheque/ Credit Card No.:	

I _____ of Identification No. _____ hereby declare that the information given is true and complete in all aspects, and will notify the Kids Hub of any changes. I have read, understood and agree to abide by the Terms and Conditions of this programme.

Signature of Participant: _____

Date of Application: _____