



**WORKSHOP ON:
ISSUES RELATING TO PERSONAL ACCIDENT, HOSPITAL & SURGICAL
AND LIFE CLAIMS**

BY MR SIVAKUMAR SATHIAMURTHY & MS BANU CHITRA

**BALLROOM 3, LEVEL 2
HOTEL MAYA, KUALA LUMPUR
THURSDAY, 13 NOVEMBER 2014**

REGISTRATION FORM

(completed Form to be submitted on/before Monday, 27 October 2014)

FEE
MEMBER - M600.00

NON-MEMBER – RM800.00

COMPLIMENTARY SEAT ENTITLEMENT

MEMBER-Local Every 3 Participants – 1 FOC
MEMBER-Regional Every 1 Participant – 1 FOC
NON-MEMBER Every 4 Participants – 1 FOC

Company:

Address:

Contact person:

Email:

Tel DL:

Tel GL:

We wish REGISTER the following person to attend (please furnish name in full for the Certificate of Attendance):

NAME IN FULL	DESIGNATION	EMAIL

APPROVED BY:

NAME & DESIGNATION:

PAYMENT:

This Registration Form is considered as INVOICE
Confirmation of Registration will be provided
upon receipt of Payment together with Completed
Registration Form.

BANK DETAILS:

Beneficiary: National Insurance Claims Society
Current Acct: 80-0110842-0 (New) 1431-0002758-05-2 (Old)
Bank Name: CIMB Bank Bhd
Branch: Masjid India, Jalan Bunus, KL
Association No.: 1656

Note: email notification of e-payment to nancy.malar@my.gt.com /< nancy@gt.com>