



## REGISTRATION FORM

<b>BASIC FOOD HYGIENE TEST</b>			<b>Preferred Test Date &amp; Time Slot:</b>	
<b>Training Provider's Particulars</b>				
Name of Training Provider:			Contact Person: (*Mr/Ms/Dr)	
			Designation:	
Address:			Contact No.:	
			Fax No.:	
			Email:	
No. of Participants:			Preferred Test Language:	
<b>List of Participants</b>				
SN	Participant's name	NRIC/FIN No.	Name of Food Shop	Address of Food Shop
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
_____			_____	
Applicant's Signature			Date	
			Training Provider's Stamp (if applicable)	
<b>For Official Use</b>				
Tax Invoice No.			Bank & Cheque No.	
Total Test Fees			Processed by	

*\*Delete whichever is not applicable*

NOTE: All participants are required to bring along the **identification proof** (i.e. identification card or work permit) in order to take part in the Food Hygiene Test and Assessment

Guilford reserves the right to cancel/change the course schedule.  
 Alternative course schedule will be arranged in case of cancellation/postponement  
 All cheque payment, please direct to 'Guilford Training Centre Pte Ltd'