



MODULE WITHDRAWAL FORM

| A) PERSONAL DETAILS | |
|---|--|
| Name (As per NRIC/Passport) | |
| NRIC | |
| AICB Membership Number | |
| Contact Number (Mobile) | |
| Email | |
| Bank Name & Account Number | |
| Employer | |
| L&D Name | |
| B) APPLICATION DETAILS | |
| Name of Qualification | |
| Name of Module | |
| Examination Date | |
| Date of Payment | |
| Reason for Withdrawal | <input type="checkbox"/> Chronic illness <input type="checkbox"/> Prolonged injuries <input type="checkbox"/> Death <input type="checkbox"/> Others (Please specify: _____) |
| Supporting Documents | <input type="checkbox"/> Medical letter <input type="checkbox"/> Others (Please specify: _____) |
| C) DECLARATION | |
| I declare that the information given in this form is complete and correct. I consent to the Institute to make enquiries and/or seek information from third parties to verify the accuracy of the information given in this form. | |
| Signature: _____ Date: _____ | |
| D) EMPLOYER VERIFICATION (FOR PAYMENT MADE VIA BANK SPONSORHIP ONLY) | |
| This application is fully supported by the employer. To be signed by Head of Human Resource/ Learning and Development | |
| Signature: _____ Date: _____ Name: _____ Company Stamp: _____ Designation: _____ | |