July 27, 2026 (Monday)
9:00AM - 5:00PM
FMM Perak

FEES: FMM Member: RM 702/pax
Non-Member : RM 864/pax

- Fees inclusive of Service Tax at 8%. Inclusive of Programme Materials, Refreshment, Lunch, and Certificate of Attendance

HRD CORP CLAIMABLE COURSE DETAILS

- **Training Provider : 007907X_PERAK**
- **HRD Corp Programme No:**
  To be provided upon confirmation
- Employers **HRDC Grant Approval** MUST be forwarded to FMM Perak **at least 3 days** before the Event date.

PAYMENT

- Cheques made in favour of "**FEDERATION OF MALAYSIAN MANUFACTURING**"
- For **HRD Corp Claimable Courses**, an **Attendance of 100%** is a **MUST**, in any case, **employers will be billed in full**.
- FMM SST Registration No : W10-1901-32000108
- FMM TIN No : C25703742100

REGISTRATION

Upon **Faxing/Mailing** the completed **Registration Form** to FMM Perak, you are **deemed** to have read and **accepted** the terms and conditions. The Event would also be **deemed as confirmed** unless informed otherwise.

ENQUIRIES

FMM Perak	**Ms.Vaani** (vaani@fmm.org.my)
	Pn Rozita (rozita@fmm.org.my)
FMM Penang	**Ms Rajeswary** (rajeswary_gunnusen@fmm.org.my
FMM Johor	**Ms Zuraidah** (zuraidahnur@fmm.org.my)
	Ms Fatihah (nur_fatihah@fmm.org.my)
FMM Kedah	**Ms Rozainiza** (fmmkedahperlis@fmm.org.my)

CANCELLATION

- Must be in Writing with Reasons
- 7 days before the workshop – **No payment charged**
- 3 – 6 days before the workshop – **50% payment charged**
- < 3 days before the workshop – **Full payment charged**
- **Participants who did not turn up will be charged full payment**. Replacements can be accepted at no additional cost.

DISCLAIMER

FMM Perak reserves the right to change the facilitator, date and to vary/cancel the workshop should unavoidable circumstances arise.

CLOSING DATE: 08/07/2026

REGISTRATION FORM

FMM Perak
(Attn: Ms. Vaani / Pn. Rozita)

Email: vaani@fmm.org.my; rozita@fmm.org.my

Tel No : 05-548 8660
Fax No : 05-548 8221

Please register the following participant(s):

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3
Name :	Name :	Name : .....
IC No :	IC No :	IC No : .....
Designation :	Designation :	Designation : .....
H/P No : ..... *(Please provide mobile number)*	H/P No : ..... *(Please provide mobile number)*	H/P No : ..... *(Please provide mobile number)*
Email :	Email :	Email : .....

❑ Please tick (✓) if you require Vegetarian meal for ___person(s)

(Please attach a separate list if space is insufficient)

Submitted by:

NAME : ..... DESIGNATION: .....

COMPANY : ..... EMAIL : .....

MEMBERSHIP NO. : ..... TELEPHONE NO. : ..... FAX NO. : .....

ADDRESS : .....

We hereby confirm that : *(Please tick in the appropriate box)*

☐ We will be **claiming** under **HRD Corp Claimable Courses (SBL-KHAS) Scheme** and **full payment would be made to FMM in the event that no disbursement from HRDCorp under any circumstances**.

☐ We will be **NOT be claiming** under **HRD Corp Claimable Courses (SBL-KHAS) Scheme**. Enclosed cheque/bank draft No _____ / bank in slip being payment for ___ participant(s) made in favour of FEDERATION OF MALAYSIAN MANUFACTURING.

TIN Number: _____ SST No: _____