

	<b>PUSAT PEMAJUAN KOMPETENSI BAHASA</b> <b>DOCUMENT CODE: OPR/CALC/BR03/KB</b>
	<b>LANGUAGE SERVICE APPLICATION FORM</b>

**SECTION I SERVICE APPLICATION DETAILS**  
**(To be completed by the applicant)**

1. Name/Institution/Company: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Person-in-charge: \_\_\_\_\_

4. Email: \_\_\_\_\_

5. Phone No. (Office): \_\_\_\_\_

6. Mobile No.: \_\_\_\_\_

7. Services(s) Requested:  
*Note: Please tick (/) on the service(s) requested*

a. ☐ Language Course  
Please state the language(s): \_\_\_\_\_

b. ☐ Exam Preparatory Course  
(MUET/Linguaskill/IELTS)

c. ☐ MyPlace/CELIK Programme

If the service(s) requested is (a)/(b)/(c), please fill in the information below:

i. Number of Participants: \_\_\_\_\_

ii. Venue:

☐ CALC

☐ Others (Please state): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

iii. Course Duration: \_\_\_\_\_ hours

iv. Beginning Date : \_\_\_\_\_

v. End Date : \_\_\_\_\_

d. ☐ Editing/Translation

i. Type of documents:

☐ Thesis

☐ Journal Article

☐ Research Instrument

☐ Abstract

☐ Others

Please state: \_\_\_\_\_  
\_\_\_\_\_

ii. Title of documents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ii. Date Required: \_\_\_\_\_

9. Other Requirements (If applicable):

- a) ☐ Certificate of Participation  
b) ☐ Evaluation

10. Mode of Payment:

- ☐ Cash  
☐ Local Order  
☐ Invoice  
☐ Cheque  
☐ UPM Internal Transfer  
☐ UPM Payment Gateway

**Note:** Please provide us with one (1) copy of proof of payment after payment is made.

Signature of Applicant:

Official Stamp (if any):

Date: \_\_\_\_\_

**SECTION II FOR OFFICE USE**

**(To be completed by Unit's Coordinator/Committee's Chairman)**

11. Date of Application Received: \_\_\_\_\_

12. Confirmation of Service Offer:

- ☐ Agree  
☐ Disagree

(Please state the reason) : \_\_\_\_\_

13. Confirmation of Payment:

- |   |  |
|---|--|
| <input type="checkbox"/> Cash             | <input type="checkbox"/> Bank Transfer (IBFT)  |
| <input type="checkbox"/> Local Order (LO) | <input type="checkbox"/> UPM Internal Transfer |
| <input type="checkbox"/> Cheque           | <input type="checkbox"/> UPM Payment Gateway   |

14. Confirmation of Payment Document(s) Received:

- ☐ Receive  
☐ Did not receive

Signature of Unit Coordinator / Chair of Committee:

Official Stamp (if any):

Date: \_\_\_\_\_