



### OPITO REGISTRATION FORM

Rev : 0  
Date : Apr 17  
OPF-01

Course Title:

**THIS SECTION IS TO BE COMPLETED BY DELEGATE (Please use BLOCK LETTERS)**

Course Start Date:

Finish Date:

Delegate Full Name: *(Please underline your surname)*

IC No/Passport No:

Date of Birth:

Place of Birth:

Home Address:

Post Code:

Delegate Phone Number:

Next of Kin Contact Name:

Relationship:

Next of Kin's Phone Number:

Delegate Signature:

Date:

**THIS SECTION IS TO BE COMPLETED BY THE ADMINISTRATION**

Photographic ID confirmed

Signed:

We certify that the above named person completed the Course indicated above and was issued with a certificate number:

Name and address of establishment:

IBTE Jefri Bolkuah Campus  
Jalan Setia Negara  
Kuala Belait, KA 1931  
T : 3335 802  
F : 3331 630

Signed:

Title:

Date:

The information you give on this form will be entered into a computerized register operated by OPITO.