

Please tick  where applicable

\*Please circle which applies

## A. TRAINEE'S PARTICULARS

Name: (Mr/Mrs/Mdm/Ms/ Miss)*	<input type="text"/>		
Identification Type:	<input type="radio"/> NRIC – Singapore Citizen, Permanent Resident	<input type="radio"/> Foreign Identification Number	Identification Number: <input type="text"/>

## B. TRAINING VERIFICATION

Training Provider Name:	<input type="text"/>		
Training Venue Postal Code:	S <input type="text"/>	Training Venue Unit No.:	# <input type="text"/> - <input type="text"/>
Start Date of Training: (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	End Date of Training: (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Course Name:	<input type="text"/>		
No. of training days per week:	_____ (e.g. fill in "5" if on 5-day training week from Mon to Fri)		

## C. DECLARATION

I declare the information provided in Section B above to be true and correct.

_____ Name & Designation of Authorised Training Provider's Representative	_____ Signature of Authorised Training Provider's Representative	_____ Date
_____ Training Provider's Stamp	_____ Contact No.	_____ Email

## SEND APPLICATION TO

Mailing Address : SG Enable — Taxi Subsidy Scheme  
20 Lengkok Bahru, #01-01, Singapore 159053

Email : TSS@sgenable.sg