



**THE NATIONAL CANCER SOCIETY OF MALAYSIA
SARAWAK BRANCH**

No.186, First Floor, Jalan Nyiur, Off Jalan Tabuan, 93200 Kuching, Sarawak

Tel / Fax: +6082 235 809 Email: cancercare.kuching@gmail.com


REGISTRATION FORM FOR NCSMSB COURSES

NAME OF COURSE:	
DATE:	VENUE:

PARTICIPANT'S INFORMATION

FULL NAME: (as in IC/Passport)	
IC NO/ PASSPORT NO:	DESIGNATION:
ORGANIZATION NAME AND ADDRESS:	
MAILING ADDRESS:	
CONTACT NUMBER:	EMAIL:

COURSE FEE : RM _____ payment by (please [X] the relevant box) :

<input type="checkbox"/> By Cheque	<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> Sarawak Pay
		*Please scan QR Code
		
Payable to : The National Cancer Society of Malaysia Sarawak Branch		
Account No : 211 212 5006 1883		
Bank Name : RHB Bank, Kulas Branch		
Swift Code : RHBBMYKL		
Address : No. 186, First Floor, Jalan Nyiur, Off Jalan Tabuan, 93200 Kuching, Sarawak.		

Note : The National Cancer Society of Malaysia Sarawak Branch respects the privacy of individuals with regards to personal data. It does not share data with a third party without consent.

Please email / WhatsApp / Fax the completed form to us or contact us for further enquiries at:

Tel: +6082 235 809 Fax: +6082 235 809 Mobile: +6010 951 1932

Email: admin@sarawakcancer.org.my

.....**For Office Use Only**.....

Date Received: Receipt No:..... Date Sent: