

Membership Registration Form

Date :

Company Information

Company Name

Address

Head Office Location

Contact Person Information

Contact Person Name

Designation

Email

Phone Number

Emergency Contact Person Information

Emergency Contact Person Name

Designation

Email

Phone Number

Estimated Student Per Month

For successful membership, registration, please acknowledge your agreement to the foregoing of Matrix Exclusive Membership Program by signing and returning the enclosed copy of this letter.

Terms and conditions

- 1.Matrix Institute of Professionals** reserves the right to make the decision on any situation.
- The membership of an organization cannot be transferred to anyone, in any circumstances *whatsoever, and may only be used by the organization's member and employee or subject to the conditions described hereafter.*
- 4.Matrix's ECM** offer may not be combined with any other sale, promotion, discount, code, coupon and/or offer.
5. There will be automatic renewal every year.

Signature

Name

NRC/Passport

Designation

