



**Maxcom Training Solutions Pvt Ltd**  
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Reg No: 166/A-1/2015/11

## Training Registration Form

### Participant Details

Name:	<input type="text"/>	ID:	<input type="text"/>
Address:	<input type="text"/>	Contact:	<input type="text"/>
Office E-mail:	<input type="text"/>	Job Title:	<input type="text"/>
Personal Email:	<input type="text"/>		

### Organization

Name:	<input type="text"/>	Contact:	<input type="text"/>
Contact person:	<input type="text"/>	E-mail:	<input type="text"/>

### Course Details

Name:	<input type="text"/>
Code:	<input type="text"/>

### Terms & Conditions

1. All courses have defined prerequisites. Students are responsible for ensuring that they have the necessary course prerequisites or equivalent experience.
2. All enrolments must be accompanied by full payment 7 days after the completion of course(s).
3. Cheques to be crossed and made payable to: "Maxcom Technologies"
4. Once a course is confirmed and/or payments made, 100% penalty charge will be imposed for cancellation.
5. The full course fee will be charged if written notice of cancellation/postponement is received less than 7 working days prior to course commencement.
6. MTS reserves the right to cancel/reschedule the courses and/or make changes to its teaching staff and outline, due to class size or unforeseen events without prior notice.
7. Please send authorized PO/SO along with this form for further processing.

### Declaration

1. I have read and agreed to the terms and conditions for enrolment and cancellation as stated.
2. I have read, understood and agreed to the terms and conditions and "Data Protection Disclaimer" posted on MTS website (www.mts.mv)

Authorised Signatory

Company Stamp

### For office use

Received by:

Name:

Date:

Signature:

Comments: