



NOTA ASIA (M) SDN BHD (413081A)

CERTIFICATION REGISTRATION SHEET

VUE / PROMETRIC

ALL SECTIONS MARK (*) MUST BE COMPLETED

| | | | |
|----------------------------------|-----------------------------|-----------------------------------|--|
| Testing Center | | | |
| Test Site | | | |
| Have you take any test before? * | <input type="radio"/> Yes | <input type="radio"/> No | |
| Test ID (if yes) * | <input type="radio"/> MCP # | <input type="radio"/> Cisco # | <input type="radio"/> Prometric# |
| First Name * | | | |
| Last Name * | | | |
| Company Name | | | |
| Address * | | | |
| (PO Box is not acceptable) | | | |
| Country * | Zip/Post Code: | | |
| Telephone Number * | (O) | Area Code : | Country Code: 6 |
| | (H) | Area Code: | Country Code: 6 |
| | (H/P) | | |
| Facsimile Number | | Area Code: | Country Code: 6 |
| E-mail Address * | | | |
| Payment Method * | <input type="radio"/> Cash | <input type="radio"/> Credit Card | <input type="radio"/> Cheque <input type="radio"/> Voucher # |

Certification Exam Information

| Test # | Subject | Date (d-m-y) | Time (24 hrs) |
|--------|---------|--------------|---------------|
| | | | |
| | | | |
| | | | |

Date : _____

Acknowledge by: Candidate : _____

Administrator : _____

Address : CT-8-04, Level 8, Subang Square Corporate Tower, Jalan SS15/4G, 47500 Subang Jaya, Selangor.
Tel: 603-56362080, Fax: 603-56362011

PROMETRIC :- EVERY MON, WED & SAT ONLY (9AM - 5PM) & **VUE** :- EVERY THURS (9AM - 5PM)