



CENTRE FOR ENTREPRENEUR DEVELOPMENT AND RESEARCH SDN. BHD. (1042601-M)

REGISTRATION FORM
BUSINESS ADVISORY & COACHING NETWORK (BEACON)

CATEGORY: COMPANY
REQUIRED DOCUMENTS: PLEASE ATTACH THE FOLLOWING DOCUMENTS <ol style="list-style-type: none">1. Copy of NRIC (Identity Card)/Passport Of Owner(s)/Shareholder(s)2. Copy of Diploma/Degree/Masters/PhD/Professional Certifications Trainer(s)3. Copy of Curriculum Vitae (CV)/Trainers' Profile4. Copy of HRDF Certificate (if any)5. Copy of Other Certifications as Service Provider (if any)6. Copy of Registration of Company from SSM (Suruhanjaya Syarikat Malaysia/Companies Commission of Malaysia)7. Copy of Company Profile8. Copy of SSM Information9. List of Trainer(s) with copy of NRIC

PERSONAL DETAILS:	
NAME (COMPANY OWNER):	
NRIC NO. (MALAYSIAN CITIZEN):	
PASSPORT NO. (NON-MALAYSIAN CITIZEN):	
COMPANY NAME:	
COMPANY SSM NO.:	
COMPANY ADDRESS:	
POSTCODE:	CITY:
STATE :	
COUNTRY:	
TELEPHONE NO.	(OFFICE):
	(MOBILE):
EMAIL ADDRESS:	
PERSON IN-CHARGE: (NAME):	
	(TEL. NO.):
	EMAIL ADDRESS:

ARE YOU A HRDF TRAINER?	<input type="radio"/> YES	<input type="radio"/> NO
DOES YOUR COMPANY HAVE ANY PENDING LEGAL ACTION CASE(S)?	<input type="radio"/> YES	<input type="radio"/> NO
DO YOU HAVE ANY PENDING LEGAL ACTION CASE(S) AGAINST YOU?	<input type="radio"/> YES	<input type="radio"/> NO

AREA OF EXPERTISE: PLEASE TICK (✓) YOUR AREAS OF EXPERTISE		
<input type="radio"/> Digital Marketing	<input type="radio"/> ICT	<input type="radio"/> NLP
<input type="radio"/> Branding	<input type="radio"/> Strategic Management	<input type="radio"/> Sales & Marketing
<input type="radio"/> Operation Management	<input type="radio"/> Project Management	<input type="radio"/> Design Thinking
<input type="radio"/> Marketing Strategy	<input type="radio"/> Leadership	<input type="radio"/> Motivational
<input type="radio"/> Entrepreneurship	<input type="radio"/> Human Resource	<input type="radio"/> Sales Technique
<input type="radio"/> Softskills	<input type="radio"/> Business Planning	<input type="radio"/> Export
<input type="radio"/> Accounting	<input type="radio"/> Image Building	<input type="radio"/> ISO
<input type="radio"/> Finance/Financial Management	<input type="radio"/> Team Building	<input type="radio"/> ESG
<input type="radio"/> Business Model Canvas (BMC)	<input type="radio"/> E-Commerce	<input type="radio"/> Engineering Oil & Gas
<input type="radio"/> Communication Skills	<input type="radio"/> Management Skills	<input type="radio"/> Construction
<input type="radio"/> Grooming & Personality	<input type="radio"/> Technical Skills	<input type="radio"/> Pharmaceutical
<input type="radio"/> Halal Certification	<input type="radio"/> Social Enterprising	<input type="radio"/> Trade Finance
<input type="radio"/> Business Contract/Business Law	<input type="radio"/> Option 40	<input type="radio"/> Gig Economy / Gig Entrepreneurship
<input type="radio"/> Microsoft Office Courses	<input type="radio"/> Coaching and Mentoring	<input type="radio"/> e-Invoice
<input type="radio"/> Intellectual Properties	<input type="radio"/> Talent Management	<input type="radio"/> Marketing Communications
<input type="radio"/> Artificial Intelligence	<input type="radio"/> Others (please specify):	
	1. _____	
	2. _____	

LIST OF TRAINERS (please provide Name, NRIC, Telephone Number, Email Address & Correspondence Address of Each Trainer in Excel Format)
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ACKNOWLEDGEMENT
I/We authorise Centre For Entrepreneur Development And Research Sdn. Bhd. (CEDAR) to verify and/or conduct any checks and/or obtain any information and/or confirmation at any time and from time to time now and/or in the future, with or from any credit/financing reference/reporting agencies, including but not limited to Banker's Accuity, CTOS and/or any other agencies and/or from any financial institution(s) and to provide such aforesaid party(s) with the required information requested to enable CEDAR to ascertain my/our status and/or any other person, individual and/or entity related to and/or associated with me/us as may be required by CEDAR for the purpose of considering this application and thereafter if this application is approved for the purposes of appointment as CEDAR Service Providers; and/or for any other purpose that is required or permitted by any law, regulations, guidelines and/or relevant regulatory authorities.
PLEASE TICK (✓): <input type="checkbox"/> YES, I AGREE

NAME:
COMPANY NAME:
DATE: