



** USE BLACK or BLUE BALL POINT PEN TO COMPLETE THE FORM , AND FILL IN THE CIRCLE COMPLETELY.*

Personal information

Full Name :
First Name Middle Name (if any) Last Name

Gender : Male Female Nationality :

Email :

Mobile : -
Country Code

Residential Address (and zip code if any) :

Country

Brief Aviation Industry Experience

Years of Experience in Commercial Airlines : *Year (s)*

Commercial Airlines you have worked with :

Years of Experience in Corporate Airlines : *Year (s)*

Corporate Airlines you have worked with :

Current Position :

Current Company (optional) :

Company Address (optional) :

Base City and Country :

Course Payment

Payment Method :

Credit Card (For credit card payment , please do the payment through the website. The info provided in this box is for verification purpose only .)

Card Type Visa Master AE Others

Cardholder Name :
(as shown on card)

The last 4 digit of Card Number :



Bank Transfer All payments shall be made by bank transfer net of all bank charges to:

Beneficiary Bank : **The Bank of East Asia, Limited**

Beneficiary Account Name : **Oriental Signature Hospitality Consultancy Ltd**

SWIFT Code : **BEA SHK HH**

Beneficiary Account Number: **185-68-03219-7**

Notes:

(1) After form submission, **if you choose bank transfer for payment, please transfer money to the bank above within 48 hours and send then proof of transfer to info@orientalsignature.com.**

A confirmation email will be sent back to you after verified.

(2) Please remark **your full name (same as provided in "Personal Information" above)** in the "Narrative/Beneficiary Advice" section of the bank transfer form.

(3) Kindly note that you are responsible for any possible extra charge from your bank to handle this transaction. Kindly check with your bank if you have any doubt.

The information collected from you will be used for the purpose of this training course. We will not provide your personal data to third parties for direct marketing or other unrelated purposes without your consent.

I have read, understood and agreed the Cancellation Policy of the course.

Your name, email address and contact number collected will be used for marketing purpose of our company related to our trainings or activities in the future. If you do not wish to receive these information, please tick the box.

Signature :

Date : _____ / _____ / _____
 DD MM YYYY