



**Course / Workshop**  
**REGISTRATION FORM**

**COURSE YOU ARE ATTENDING:** \_\_\_\_\_

**DATE OF COURSE:** \_\_\_\_\_

**FULL NAMES & SURNAME** \_\_\_\_\_

**ID OR PASSPORT NUMBER** \_\_\_\_\_

**RESIDENTIAL ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**POSTAL ADDRESS** \_\_\_\_\_

**CELL PHONE NUMBER** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**OCCUPATION** \_\_\_\_\_

**MARITAL STATUS** \_\_\_\_\_

**HAVE YOU EVER HAD A CRIMINAL RECORD** \_\_\_\_\_

**SPECIAL MEAL REQUIREMENTS** e.g. Vegetarian \_\_\_\_\_

**METHOD OF PAYMENT** \_\_\_\_\_

**PAYMENT PLAN** \_\_\_\_\_

I hereby declare that the above information is bonafide and may be reflected on the records of The  
**GMTI**

Signed at \_\_\_\_\_ on the \_\_\_\_\_ (D/M/Yr)