

CONFIDENTIAL



M P A  
S I N G A P O R E

# MARITIME AND PORT AUTHORITY OF SINGAPORE

## Application Form

### Training@MaritimeSingapore

#### Certifiable Training Programme

**PLEASE READ ALL THESE INSTRUCTIONS BEFORE COMPLETING THE FORM**

- All blank fields are to be filled in. Please indicate where information is not applicable.
- Participants and business entities must strictly adhere to the terms and conditions of the scheme – See details at [www.mpa.gov.sg/mcf](http://www.mpa.gov.sg/mcf).
- Application must be submitted at least 30 days before the commencement of the programme with all the necessary supporting documents. Incomplete submission may result in a delay in the processing time.
- Please submit one copy of the completed application form with relevant supporting documents to:

The MCF Secretariat  
IMC Capability Development  
Maritime & Port Authority of Singapore  
460 Alexandra Road  
#17-00 PSA Building  
Singapore 119963

**ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE**

Note : Participants and business entities must strictly adhere to the terms and conditions of the scheme – see details at [www.mpa.gov.sg/mcf](http://www.mpa.gov.sg/mcf)

CONFIDENTIAL

# Training@MaritimeSingapore

Applicant must complete all sections. Please attached the following supporting documents :

- Copy of admission/acceptance or preliminary admission/acceptance letter
- Participant's c.v
- Summary of thesis if the programme is a postgraduate programme by research
- Letter of support for participation from employer

Section 1 : Information on Participant			
Name (Write in <b>BLOCK</b> letters)  <i>(As appear in NRIC/Passport and underline Surname/Family Name)</i>		Sex	Date of Birth & Age
Residential Address		Tel No.	
		Handphone No.	
		E-mail Address:	
Race	Marital Status	Name of Spouse, if married	
Type of NRIC <input type="checkbox"/> Singapore Pink <input type="checkbox"/> Singapore Blue		NRIC No.	
<input type="checkbox"/> Self-sponsored		<input type="checkbox"/> Company-sponsored	
Section 2 : Information on Employer			
Name of Company/Organization:			
Address:			
			Postal Code:
Tel No:	Fax No:	Website:	
ACRA/ROS Registration No.		Nature of Business	
Name of Contact Person	Tel No.	Email Add	

CONFIDENTIAL

**Section 3 : Information on Certifiable Course**

Level

- Professional Courses
- Diploma/Degree programme
- Postgraduate Degree

Mode

- Classroom lecture
- Long-Distance
- E-learning

Course/Programme Title

Duration/Candidature Period

Nature of Conduct

- Part-time
- Full-time
- Not Applicable

Commencement Date

End Date

Which of the following areas of shipping business would be addressed through the training?

- Ship Finance
- Ship Broking & Chartering
- Marine Insurance
- Maritime Law / Arbitration
- Others (*please specify*) : \_\_\_\_\_
- Port Terminal Management, Planning & Development
- Port Economics, Marketing and Pricing
- Marine Engineering and Naval Architecture
- Ship/Offshore Structure Design & Construction

Name of Course Provider or Institution

Classification

- Commercial Provider
- Industry Association
- International Organisation
- Institute of Higher Learning

**Objectives of Pursuing this Course**

*State why you wish to pursue this Course and how you would use the knowledge you gain from it in practice. (Use a separate sheet if necessary.)*

**Any Other Information**

*You may wish to indicate any other relevant information which will help you in your application.*

**CONFIDENTIAL**

**Section 4 : Supportable Expenses**

**Total Course Fee for the programme**

*Please show derivation of total fee below if fee is payable by semester or in stages.*

**Section 5a : Declaration By Company**

1. I declare that the information provided in this application and sheets attached hereto are true to the best of my knowledge and belief and that I have not wilfully suppressed any material fact.
2. I also agree, if it is found that I have made a false declaration or wilfully suppressed material facts, to return the monies awarded.
3. I declare that we did not receive any other forms of financial assistance administered by any government bodies e.g. MAS or WDA etc for this programme.
4. I further undertake to inform the Maritime and Port Authority of Singapore immediately of any changes in the information given in this application and agree that changes made without prior agreement will render any prior approval invalid.

**Authorised Signature<sup>1</sup>**

**Business Stamp**

**Name**

**Designation**

**Contact No.**

**Date**

**Section 5b : Declaration By All Participant**

1. **I AFFIRM** that all statements made by me on this form are correct. Any inaccurate or false information (or omission of material information) will render this application invalid and that, if admitted on the basis of such information, MPA can withdraw its grant under this scheme.
2. **I DECLARE** that I did not receive any other forms of financial assistance administered by any government bodies e.g. MAS or WDA etc for this programme.
3. **I FURTHER UNDERTAKE** to inform the Maritime and Port Authority of Singapore immediately of any changes in the information given in this application and agree that changes made without prior agreement will render any prior approval invalid.
4. **I UNDERSTAND** that I am committed to stay in the maritime industry for 1 year upon successful completion of the programme.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

<sup>1</sup> Must be signed by a senior executive other than the applicant, unless he/she is the CEO or an officer holding an equivalent position in the business entity/organisation.