

ENROLMENT APPLICATION FORM (V)

1st - 4th Floor, No. 1, Wisma BIM, Jalan Tasik Permaisuri 2, Bandar Tun Razak, 56000 Kuala Lumpur, Malaysia.

Tel: +603-9171 6789 Fax: +603-9174 6788 E-mail: enrolment@hanxin.edu.my Website: www.hanxin.edu.my

Instuction: 1. Please complete all section 2. Enclose all supporting docu a) 1 copy of SPM / UEC resu b) 1 copy of School Leaving c) 1 copy of Mykad (IC); d) 2 passport sized coloured 3. This application is the prop			Photo						
For office use only:									
Student ID:	Scholarships/Study Grant								
Section A : Programme Preference									
	Advanced Diploma 高级专业文凭								
	□ Broadcasting 广播电视电影 □ Media & Public Rela					ations 媒体、公关与营销			
Diploma 专业文凭 □ Performing Art 表演艺术 □ Human Resource 人力资源 □ Event Management 活动策划与管理 □ Entrepreneurship 创业管理 □ Graphic & Multimedia Design 平面与多媒体设计 □ Strategic Marketing 营销策略 □ Music & Business Management 音乐与商业管理 □ Cross-Border E-Commerce 跨境电子商务 □ Barista 精品咖啡 □ Computer Science (Software Engineering) 电脑科学 □ Aesthetics and Beauty Management 美容管理									
Intake Session 入学梯次		year/年	J	anuary 1月	☐ May 5月	☐ July 7月		Septemper 9月	
Section B: Personal Details									
English Name 英文姓名 (as stated in your IC)				Chinese Nam	ne 中文姓名				
Date of Birth 出生日期	NRIC 身份证号码			号码					
Contact No. 联系号码				Nationality [国籍				
Gender 性别	□ Female 女	□ Male 男		Religion 宗教	牧	☐ Buddhist 例 ☐ Hindu 兴都 ☐ Taoism 道都	3教	☐ Muslim 伊斯兰教☐ Christian 基督教☐ Others	
Race 种族	□ Chinese 华裔 □ Indian 印裔	☐ Malay 巫裔 ☐ Others			Bank : Acc. Holder Name : Acc. Number :				
Correspondence Address 通讯地址									
Permanent Address 永久地址									
E-mail 电邮									
Household Income (monthly) 家庭总收入 (每月)	政府政策需求 Requested by	the Government*				B40 Househ □ 是YES	old Grou	p 是否B40家庭 ?	
Parents/Guardian's Name 父母或监护人姓名 (英)	1		2			3			
Identity Card No . 身份证号码									
Relationship 关系									
Contact No. 联系号码									
E-mail 电邮									

Section C: Academic Qualifications								
Secondary School								
Qualifications 资格 / 文凭	SPM O-Level UEC STPM Pre-U A-Level Others:	School Name & State 校名与州属						
Others Entry Qualifications								
Qualifications 资格 / 文凭	○ Apel - M │ ○ Diploma	O Degree	O Others :					
Date Commenced & Completed 起始日期		College Name 学院名称						
Section D: Health Declaration								
Do you require special support throughout your studies due to disability, impairment, mental health condition, or long term medical condition? 在本院求学过程中,你是否因残疾、损伤、心理健康状况或长期健康状况需要特殊支持?								
○ No 否	○ Yes 是							
If yes, please specify 如是请列明:								
Section E : Payment Options								
1. Direct bank-in: Payable to "ONEWORLD HANXIN COLLEGE SDN BHD" Malayan Banking Berhad (Maybank) 5148-4230-1788								
2. Over the Counter: Mode of Payment: Cash / Credit Card / Debit Card Crossed Cheque - Payable to "ONEWORLD HANXIN COLLEGE SDN BHD"								
 Important notes: ◆ Kindly fax or scan and email a copy of transaction slip to finance@hanxin.edu.my, please ensure to include the following particulars:- Student's name, I/C number & contact number. ◆ The all payment is not refundable and not transferable EXCEPT refundable deposits. 								
Section F : Declaration Signature								
I declare that all information provided by me in this form, including those information given in all other documents provided, is true and accurate. I acknowledge that Hanxin's reserves the right to amend or reverse any decision regarding admission that's made on the basis of incorrect, incomplete, fraudulent information or non-attainment of minimum entry requirements, including pre-requisite results to enrol into a programme.								
I consent to the processing of my personal data (including sensitive personal data as defined in the Personal Data Protection Act 2010) by Hanxin's to assess my application, create an enrolment record on the student database, undertake statistic analysis, and meet statutory reporting requirements. It will be accessed strictly for these purposes only and disclosed to the government agencies when required. I also warrant that I have obtained all necessary consent from the third parties where I have provided their personal data as part of my application.								
I authorise Hanxin's to verify my academic records from previous institutions or my work experience from past employers. If tuition fees are paid by an organisation or my parents ("Sponsor"), I authorise Hanxin's to release my fees and academic progress information to my parents and the sponsor upon request.								
I agree to abide by the statuses, regulation and policies of Hanxin's at all times. I have read and understood the above conditions and agree to fully accept them.								
Name : (as per NRIC)								
Date : (Signature of applicant)								
For office use only:								
	Daymont Days							
Counselor's Name	Payment Remark							
Finance Personnel	Payment-Receipt Number (Fin	nance)						
		Registration I	Fee Tuition Fee Others:					