



25th Tamil Sales Seminar 2010

SILVER JUBILEE CELEBRATION

REGISTRATION FORM

Principal Participant's Information

Full Name : _____ (as Per IC)

New I/C No : - -

Rank : _____ **Account No** : _____

GSM : _____ **Branch** : _____

Correspondence Address: _____

Tel (Res) : _____ **(Office)** : _____

(H/P) : _____ **(Email)** : _____

Meals : Vegetarian Non-Vegetarian

T-Shirt Size : S M L XL XXL

Registration for Spouse & Children

<u>Name / Relationship</u>	<u>I/C No.</u>	<u>Age</u>	<u>Meal</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

T-Shirt Size (for Spouse) : S M L XL XXL

Rooming Partner

Full Name :

New I/C No : - -

Relationship : _____

Ac /No: (if Agent)

Payment Modes

a) I enclose **cheque No** : _____ for **RM** _____ payable to **GELFAAM**

b) Direct bank-in **RM** _____ to GELFAAM's

Maybank A/C No : 5143-4722-8897 (Fax copy of bank-in slip) to **03-9200 6400**

IMPORTANT NOTICE

- * All enquiries to be directed to the respective Branch Committees.
- * All expenses of personal nature including medical expenses to be born by participants.
- * Any changes with regard to room partner/s should be given in writing by participant's concern two (2) months before the date of seminar.
- * Meals, whether Vegetarian or Non-Vegetarian should be indicated in the Registration Form, failing which the participant is deemed a Non-Vegetarian. Any subsequent changes should be given in writing two (2) months before the date of seminar.
- * Any request by participants for transfer of their participation in the 25th TSS 2010 to another new person should be given in writing two (2) months before the date of seminar.
- * **No cancellation**, but transfer is allowed.
- * In the event of cancellation or postponement of the seminar, all installment collected shall be kept for replacement destination. The organizers reserve the right for any changes in the event of any unforeseen and/or unavoidable circumstances.

c) **Authorization for Deduction**

To Senior Vice President, Customer Acquisition Department, Great Eastern Life Assurance (M) Berhad, Kuala Lumpur.

I hereby authorize the company to deduct the seminar fees **RM**_____* from my commission statement by monthly deduction for my participation in the above Seminar.

I confirm that I have read and understood the terms and conditions as stipulated in GELFAAM's 25th TSS Registration Form.

Thank You.

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 Signature of Participant Agency A/C No (if Agent) Date

* Please indicate your own amount. Last deduction is July Statement. Final date for Full Payment (**RM 1,950**) is **31/07/2010**