

COMPANY SPONSORSHIP FORM

Instructions

- 1. This form must be completed in full, verified and endorsed by the company/organisation sponsoring your course application.
- 2. Please note that the company/organisation sponsoring your course application must be your **DIRECT EMPLOYER** who will be paying the full or nett course fee (if you are eligible for SSG course fee funding) for you to attend the course. "**DIRECT EMPLOYER**" refers to the employer that pays your salary and provides you with other statutory benefits (such as CPF contribution, medical benefits, leave etc).
- 3. Please submit the endorsed sponsorship form with your course application via the WSG eTEAMS online course registration portal.

| To be completed by Direct Employer | | | | |
|-------------------------------------|---------------------------------|--------------------|--|--|
| Dlesset | | | | |
| Please tick (✓) to indicate the cou | | ourse applied for: | | |
| | Career Advisory Programme (CAP) | | | |
| | CAP Assessment Only P | Pathway (CAP AOP) | | |
| | Career Facilitation Prog | gramme (CFP) | | |
| | CFP Assessment Only Pa | Pathway (CAP AOP) | | |
| | | | | |
| Course/AOP Run No | | : | | |
| Course/AOP Start & End Date | | : | | |
| Name of Applicant | | : | | |
| NRIC/Fin No | | : | | |
| | | | | |
| | | | | |

| Direct Employer's Billing Details & Contact Person | | | | | |
|--|-----|--|--|--|--|
| BILLING DETAILS | | | | | |
| Direct Employer's Registered Company Name | d : | | | | |
| Direct Employer's Company UEN No ¹ | : | | | | |
| Company Sub-BU Code | : | | | | |
| | | for Government Ministry/Statutory Board (if Any) | | | |
| CONTACT PERSON (Tax invoice for the course fee payable will be sent to the Contact Person) | | | | | |
| Name of Contact Person | : _ | | | | |
| Designation | : _ | | | | |
| Department | : _ | | | | |
| Office Contact No | : _ | | | | |
| Email Address | : _ | | | | |
| Direct Employer's Company Official Stamp & Authorised Signature | : | | | | |
| Date | : | | | | |

¹ The employer's Unique Entity Number (UEN) is a mandatory field and should be that of the direct employer who pays the trainee's salary and provides other statutory benefits (such as CPF contribution, medical benefits, leave etc.). The UEN provided will be used to verify the employment status of the trainee as part of SSG's grant disbursement process. If the UEN provided is not that of the direct employer, course fee funding for the trainee will be withdrawn by SSG and the full course fee will be charged on the trainee.