

Registration Form

Reg. Date: _____

دورة التعامل مع أصحاب الهمم أثناء الأزمات والكوارث والطوارئ

Dealing with People of Determination During Crisis, Disasters & Emergency Training Program

Personal Details / البيانات الشخصية					
	NAME (as per passport) CAPITAL LETTERS				الاسم (حسب جواز السفر)
	Passport No.				رقم الجواز
		مكان التدريب	D.O. B		تاريخ الميلاد
Age		العمر	Gender	<input checked="" type="radio"/> M ذكر <input type="radio"/> F أنثى	الجنس
Marital Status		الحالة الاجتماعية	Nationality		الجنسية
Work Tel #		هاتف العمل	Mobile #		رقم الهاتف المتحرك
Company Name					إسم الشركة
Email ID					البريد الإلكتروني
Contact Person					الشخص المسؤول
Contact Number					رقم التواصل

Signature: _____

التوقيع: _____

To pay the course fees please deposit the amount in ICSS Account

لدفع قيمة الدورات التدريبية يرجى إيداع المبلغ في حساب المركز الدولي للأمن والسلامة

COURSE FEES 50.00/- AED + VAT 5% ON EACH REGISTRATION

ACCOUNT NAME: - DUBAI POLICE ACADEMY.

BANK: - EMIRATES NBD.

ACCOUNT NO: - 1012134651801

TRN NO: 100277 20 9100 003

IBAN: - AE240260001012134651801

SWIFT CODE: - EBILAED.

ADDRESS: - UAE-DUBAI

BRANCH: - UMM SUQEIM BRANCH. DUBAI.

NOTE: After payment should be cc to: - a.alsaleh@dubai.police.gov.ae

Declaration: By signing this application form you declare your awareness that been enrolled on any of the above courses and successfully completing then Doesn't mean that you will be automatically granted the appropriate security license by the Security Industry Regulatory Agency to work in Dubai and you should also be aware that there are other legal requirements to be fulfilled and met as dictated by SIRA, before any license can be issued.

FOR ICSS OFFICE USE ONLY

- 1- Date application Received.....
 - 2- Course Start Date.....
 - 3- Fees Paid?.....(YES/NO)
 - 4- Candidate Notified and Confirmed on..... by.....
 - 5- Comments / Remarks.....
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