



# PC Training Service Contracts (2014-17) - Request Form for Custom-built Courses

For more details about PC Training Courses:  
[CLC Plus \(www.csb.gov.hk/clc\)](http://www.csb.gov.hk/clc) > IT Zone > PC Training Courses (CLC Plus login required)

Please choose a training provider (hereafter "Provider") and mark an "X" under its logo.

 [ X ]	GLD Contract No.: C0291/2013 <b>Infocan Training Limited</b> (Fax: 2882-2616) Ms Rosanna SHEK at 2781-1366/rosanna@infocan.net Mr Eric TSE at 2781-1366/eric_tse@infocan.net  Venues in North Point (near MTR Fortress Hill station) and Kwun Tong
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 [ ]	GLD Contract No.: C0292/2013 <b>Welkin Systems Limited (Fax: 3605-3399)</b> Ms Sonia CHAN at 3605-3322/sonia.chan@welkin.com.hk  Venues in Central and Mongkok (near MTR YMT station)
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Dept/Bureau: \_\_\_\_\_ Division / Section: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Post: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

(The course confirmation will be sent by email. Please mark an "X" if you wish to receive it by fax: [ ] )

Office Mailing Address: \_\_\_\_\_

Remarks: \_\_\_\_\_  
 (e.g. invoice need to be sent to another party, use English software in training)

Course Title	Class Dates (dd/mm/yy) and Time	No. of days	No. of trainees	Cat.*	Fee
<b>Total</b>					

\* To facilitate statistical analysis, please fill in a Salary Category that applies to **most of the trainees** of a class.

**Guidelines:**

1. Please confirm course arrangements with the provider before completing this form.
2. A requesting B/D shall normally give the provider **1 month** prior written notice.
3. A requesting B/D is **liable to make payment** if a cancellation is made **less than 3 weeks** before a class starts.
4. Payment shall be made **within 30 days** after receiving the provider's invoice & supporting documents.
5. **Request should only be made if you agree to the terms of the contract (including the above terms).**
6. For further information, please call the providers directly.

* Category	Salary Pt. (or equivalent)
A	MPS 0-15
B	MPS 16-33
C	MPS 34-44
D	MPS 45-49
E	DPS 1 & above

Signature & Chop: \_\_\_\_\_ Name / Post: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
 (For Head of Department / Head of Grade) (in block letters) (DD/MM/YY)