

**REGISTRATION FORM
(For BUBS Member & Non Muslim only)**

Instruction : Please complete this form in BLOCK LETTERS.

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Student's Particulars

Name (as in Birth Certificate or Identity Card) :

 Other name (if any)

 Gender F M MyKad / MyKid No.
 Address :

Parent's Particulars

Mother's Name (As In NRIC) Nationality
 Identity Card No. Res. Phone
 Hand Phone Email:
Father's Name (As In NRIC) Nationality
 Identity Card No. Res. Phone
 Hand Phone Email :

Acknowledgement

Please check and tick

Please register my child as a student in BUBS Dhamma School.

I have read and understood BUBS Dhamma School Guidelines.

I hereby declare and agree that I shall not hold BUBS responsible for any physical or mental injury that may occur while my child is attending classes at BUBS Dhamma School.

I am / my spouse is a member of BUBS.

My annual membership subscription is not in arrears.

Personal Data Protection Act 2010
 By signing this form, I consent to you processing and using my personal data in the manner as permitted by law and as stated in your Privacy Policy. (Note: Copy of BUBS latest Privacy Policy is located at www.bubsoc.org)

Signature of Parent: _____
 Name of Parent: _____
 Date: _____

**For DSMC Use
(Confirmation of Class)**

1 Class: _____

2 Commencement date (mm-dd)

3 Payment:
 Registration & Materials RM
 Donation RM
 Total RM

4 Receipt No.: _____

Confirmed by :
 Signature: _____
 Name: _____
 Date: _____