ONEWORLD HANXIN COLLEGE 大同韓新學院
DK104(W)

ENROLMENT APPLICATION FORM

1st - 4th Floor, No. 1, Wisma BIM, Jalan Tasik Permaisuri 2, Bandar Tun Razak, 56000 Kuala Lumpur, Malaysia.
Tel: +603-9171 6789 *Fax:* +603-9174 6788 *E-mail:* enrolment@hanxin.edu.my *Website:* www.hanxin.edu.my

Instuction:
1. Please complete all sections in this form using block letters and signed by applicant.
2. Enclose all supporting documents:-
   a) 1 copy of SPM / UEC result or equivalent;
   b) 1 copy of School Leaving Certificate;
   c) 1 copy of Mykad (IC);
   d) 2 passport sized coloured photograph.
3. This application is the property of Hanxin's. Supporting documentation **WILL NOT BE RETURNED**

Photo

For office use only:

Student ID:

Scholarships/Study Grant

☐ MUET

Section A : Programme Preference

Course Applied 申请科系	☐ DIB DIPLOMA IN BROADCASTING 广播电视电影 ☐ DMS DIPLOMA IN MEDIA STUDIES 媒体、公关与营销
Intake Session 入学梯次	_____ year / 年 ☐ January 1月 ☐ May 5月 ☐ September 9月

Section B: Personal Details

English Name 英文姓名 (as stated in your IC)		Chinese Name 中文姓名	
Date of Birth 出生日期	*(DD-MM-YYYY)*	NRIC 身份证号码	
Contact No. 联系号码		Nationality 国籍	
Gender 性别	☐ Female 女 ☐ Male 男	Religion 宗教	☐ Buddhist 佛教 ☐ Muslim 伊斯兰教 ☐ Hindu 兴都教 ☐ Christian 基督教 ☐ Taoism 道教 ☐ Others _____
Race 种族	☐ Chinese 华裔 ☐ Malay 巫裔 ☐ Indian 印裔 ☐ Others _____	Bank Details 银行户口 ☐ Parents's Acc. 父母户口	Bank : Acc. Holder Name : Acc. Number :
Correspondence Address 通讯地址			
Permanent Address 永久地址			
E-mail 电邮			
Household Income (monthly) 家庭总收入 (每月)	政府政策需求 Requested by the Government*		B40 Household Group 是否B40家庭 ? ☐ 是 YES

Parents/Guardian's Name 父母或监护人姓名 (英)	①	②	③
Identity Card No. 身份证号码			
Relationship 关系			
Contact No. 联系号码			
E-mail 电邮			

Section C: Academic Qualifications

Secondary School

Qualifications 资格 / 文凭	SPM | O-Level | UEC | STPM Pre-U | A-Level | Others:_____	School Name & State 校名与州属	

Others Entry Qualification

Qualifications 资格 / 文凭	◯ Apel - M | ◯ Diploma | ◯ Degree | ◯ Others : _____		
Date Commenced & Completed 起始日期		College Name 学院名称	

Section D: Health Declaration

Do you require special support throughout your studies due to disability, impairment, mental health condition, or long term medical condition?
在本院求学过程中，你是否因残疾、损伤、心理健康状况或长期健康状况需要特殊支持？

◯ No 否 ◯ Yes 是

If yes, please specify 如是请列明: _____
etc: Dyslexia, Epilepsy, Asthma, Hearing impairment, Attention-Deficit Hyperactivity Disorder (ADHD) , Autism Spectrum Disorder..
例：自闭症谱系障碍、注意力缺陷多动障碍、哮喘、听力障碍、阅读障碍、癫痫

Section E : Payment Options

1. Direct bank-in:
   Payable to "ONEWORLD HANXIN COLLEGE SDN BHD"
   Malayan Banking Berhad (Maybank)
   5148-4230-1788

2. Over the Counter:
   Mode of Payment:
   Cash / Credit Card / Debit Card
   Crossed Cheque - Payable to "ONEWORLD HANXIN COLLEGE SDN BHD"

Important notes:
- Kindly fax or scan and email a copy of transaction slip to finance@hanxin.edu.my, please ensure to include the following particulars:- Student's name, I/C number & contact number.
- The all payment is not refundable and not transferable EXCEPT refundable deposits.

Section F : Declaration and Signature

I declare that all information provided by me in this form, including those information given in all other documents provided, is true and accurate. I acknowledge that Hanxin's reserves the right to amend or reverse any decision regarding admission that's made on the basis of incorrect, incomplete, fraudulent information or non-attainment of minimum entry requirements, including pre-requisite results to enrol into a programme.

I consent to the processing of my personal data (including sensitive personal data as defined in the Personal Data Protection Act 2010) by Hanxin's to assess my application, create an enrolment record on the student database, undertake statistical analysis, and meet statutory reporting requirements. It will be accessed strictly for these purposes only and disclosed to the government agencies when required. I also warrant that I have obtained all necessary consent from the third parties where I have provided their personal data as part of my application.

I authorise Hanxin's to verify my academic records from previous institutions or my work experience from past employers. If tuition fees are paid by an organisation or my parents ("Sponsor"), I authorise Hanxin's to release my fees and academic progress information to my parents and the sponsor upon request.

I agree to abide by the statuses, regulation and policies of Hanxin's at all times. I have read and understood the above conditions and agree to fully accept them.

Name :
(as per NRIC) _____

Date : _____ (Signature of applicant)

For office use only:

Counselor's Name

Payment Remark

Finance Personnel

Payment-Receipt Number (Finance)

Registration Fee | Tuition Fee | Others:_____