



ENROLMENT APPLICATION FORM (V)

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

Instruction:

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

Photo

For office use only:

Student ID:

Scholarships/Study Grant

Section A : Programme Preference

Course Applied 申请科系	Advanced Diploma 高级专业文凭 ☐ Broadcasting 广播电视电影 ☐ Media & Public Relations 媒体、公关与营销	
	Diploma 专业文凭 ☐ Performing Art 表演艺术 ☐ Event Management 活动策划与管理 ☐ Graphic & Multimedia Design 平面与多媒体设计 ☐ Music & Business Management 音乐与商业管理 ☐ Barista 精品咖啡 ☐ Pastry and Bakery 甜点与烘焙	
	Business Management 商业管理 ☐ Human Resource 人力资源 ☐ Entrepreneurship 创业管理 ☐ Strategic Marketing 营销策略 ☐ Cross-Border E-Commerce 跨境电子商务 ☐ Information Technology 资讯科技 ☐ Aesthetics and Beauty Management 美容肌肤管理	
Intake Session 入学梯次	_____ year / 年 ☐ January 1月 ☐ May 5月 ☐ July 7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	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	
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Others Entry Qualifications

Qualifications 资格 / 文凭	☐ A-level - 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:

ONEWORLD HANXIN EDUCATION SDN BHD
PUBLIC BANK
3221 - 6342 - 29

**** FOR BROADCASTING & MEDIA STUDIES :**

ONEWORLD HANXIN COLLEGE SDN BHD
MAYBANK
5148 - 4230 - 1788

Crossed Cheque - Payable to “ **ONEWORLD HANXIN COLLEGE SDN BHD** ”

2. Over the Counter:
Mode of Payment:
Cash / Credit Card / Debit Card
Crossed Cheque - Payable to “ONEWORLD HANXIN EDUCATION 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 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 statistic 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: _____