



DAS Academy

ENABLING EXCELLENCE

SPONSORSHIP FORM

Full Name of sponsored participant: _____

NRIC of sponsored participant: _____

Name of Sponsoring Organisation: _____

Name of Course/ Workshop: _____

Date of Course/ Workshop: _____

Organisation Approval:

Organisation Stamp:

Approved By: _____

(Name and Designation of Approving Officer)

Signature: _____

(Signature of Approving Officer)



DAS Academy

ENABLING EXCELLENCE

Point of Contact Personnel:

Name of Liaison Person: _____

Email of Liaison Person: _____

Contact No. of Liaison Person: _____

Invoicing Details:

School/Organisation: _____

Mailing Address: _____

E-Invoice Sub-Business Unit Code: _____

(only applicable to Ministry/Statutory board)