

Request of Certificate for Full Qualification

THIS FORM IS ONLY APPLICABLE TO STUDENT WHO HAS TAKEN THE LAST MODULE PRIOR TO THE REQUEST OF CERTIFICATE FOR THE FULL QUALIFICATION WITH SII.

Part A: To be completed by student

Full Name: _____ NRIC: _____

Tel: _____ (Home) _____ (Off) _____ (HP)

Email: _____

Mailing Address: _____

Request of Certificate for *(Please tick ✓ the appropriate box):*

- Certificate in Security Operations
- Advanced Certificate in Security Supervision
- Diploma in Security Management

Note:

- Please attach a copy of the WSQ SOAs / other recognised qualification(s) obtained.
- The total period of time before obtaining the qualification should not be more than 60 months.

Completed modules:

Date of Issue:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Signature of student: _____ Date: _____

Part B: For SII Use

Received by: _____
Name / Signature Date

Checked by: _____
Name / Signature Date

Approved by: _____
Manager / Signature Date

Processed by: _____
Name / Signature Date

Part C: Acknowledge of Certificate collection

Name of Student: _____

Signature: _____ Date: _____