

**CLOSING DATE : BY 15<sup>TH</sup> SEPTEMBER 2017 (FRIDAY)**

To Chairperson:  
 NAPEI AWARDS COMMITTEE C/O BREYER KL COLLEGE  
 8<sup>th</sup> Floor, Wisma Havela Thakardas, No 1, Jalan Tiong Nam, 50350 Kuala Lumpur,  
 Tel: 03-2602 9939(Ms Farhana) 012-9351605 (Dr.Raja)

Or

To The Secretariat :  
 OASIS COLLEGE, No 1, Jalan 2/131 A, Batu 6, off Jalan Kelang Lama, 58200 Kuala Lumpur  
 Tel : 011-11628100 (Ms Hazani)

**(Important : we do not accept submission via Fax or email)**

Please enclose an **Application Fee of RM500** for each application made payable by cheque to  
 " **National Association of Private Educational Institutions or NAPEI** " or  
 bank in into our Maybank account No. number 51222231710

**NAPEI EDUCATION EXCELLENCE AWARD 2017**

**APPLICATION FORM**

**For**

**Early Childhood Education Franchisors**

- **Read the Awards policy write up attached before applying for the award for objectives, eligibility, process, fees and judging procedures.**
- All blanks are to be filled completely and accurately. **Please type or print clearly.**
- Please denote N.A. where appropriate where is not applicable.
- You may provide information on a separate sheet of paper if space provided is insufficient.
- All information in the application form will be treated with strictest confidence.
- Kindly provide us with a CD of your respective COMPANY LOGO and Picture of CEO / MD in Adobe Illustrator / PDF format along with a COLOURED DIGITAL print.
- Ensure all information is correct.

**A. INSTITUTION INFORMATION.**

Name of Institution: .....

Address: .....

.....

.....

Telephone No: ..... Fax No: .....

E-mail: ..... Website: .....

Chief Executive Officer: .....

Company Registration Number: .....

Relevant Ministry Registration Number

Category of Early Childhood Education Franchise Provided:

- |  |  |
|--|--|
| <input type="radio"/> Kindergarten/Preschool         | <input type="radio"/> Child Care Centre        |
| <input type="radio"/> Special Education              | <input type="radio"/> Child Enrichment Centres |
| <input type="radio"/> Others (please specify): _____ |  |

Total student enrollment for all franchisees as at 30<sup>th</sup> August,2017 - \_\_\_\_\_.

### **Section B (5 marks)**

State in not more than 500 words any other relevant information not covered or mentioned in Section A with documentary evidence to support your information. (Do not repeat what has been covered in Section A)

*(Please use separate sheet if necessary)*

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**(To be completed by the Chief Executive / Managing Director / Principal or equivalent)**

I declare that the facts stated in this application together with the accompanying information are true and correct and have satisfied the eligibility criteria.

I agree to:

- The publication of the financial figures provided in the application upon request;
- Provide my institution's other relevant information as accompaniment to my application;
- Abide by the guidelines regarding the usage of the NAPEI logo; and
- Abide by the decisions of the judges.

Name (Dr/Mr/Mrs/Ms): \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Common Seal: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Tel. (Office): \_\_\_\_\_ (H/P): \_\_\_\_\_ E-mail: \_\_\_\_\_

***Short listed institutions will be visited by our panel for verification of information supplied.***

**NB. Institutions who have been shortlisted for the final awards for each category will be informed early to enable maximum participation on Malam NAPEI.**

**Award winners will be announced only during Malam NAPEI 2017,  
30th Anniversary Dinner**