

CLOSING DATE: BY 15TH SEPTEMBER 2017 (FRIDAY)

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

PRIVATE INTERNATIONAL SCHOOLS (Primary and/or Secondary)

- **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.
- You may provide information on a separate sheet of paper if space provided is insufficient.
- All information in the nomination 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:

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Telephone No: Fax No:

Email: Website:

Name of Chairman of Board of Governors:

Name of Principal / Head Master.....

JPS/IPS Registration Number :Date of Expiry.....

Business Registration No:Date of Expiry:.....

Company Registration No.....Date of Expiry :.....

Please tick the category for which you would like to be considered

- Primary School Secondary School
- Primary and Secondary School

Total student enrollment as at 31 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)

(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