

**COMPANY SPONSORSHIP FORM (FOR SME-SPONSORED SINGAPOREAN AND SINGAPOREAN PRs)**

1. This form is to be verified and endorsed by the sponsoring company.
2. Please write legibly.
3. Please email the completed form to the SII Programme Officer in charge of your course or [sii@tp.edu.sg](mailto:sii@tp.edu.sg) before the course commencement date in order to enjoy SSG's subsidy

**Course Title** : \_\_\_\_\_**Course Commencement Date** : \_\_\_\_\_**Name of Applicant** : \_\_\_\_\_**NRIC/PP** : \_\_\_\_\_**PART I: BILLING ADDRESS  
TO BE COMPLETED BY EMPLOYER****Company Name** : \_\_\_\_\_  
(as per official registered company name)**Block No.** : \_\_\_\_\_ **Unit No.** : \_\_\_\_\_**Street** : \_\_\_\_\_**Postal Code** : \_\_\_\_\_Applicant's date of  
employment with**Company** : \_\_\_\_\_ (DD/MM/YYYY)**Sub-BU** : \_\_\_\_\_ (*Applicable to Ministries only: E-invoice*)*Please indicate with a tick (✓) if applicable***I declare that my company is a SME company that meets the following criteria.***[For courses commencing before 1 Jan 2023]  
SMEs that meet all of the following eligibility criteria:*

1. Registered or incorporated in Singapore
2. At least 30% local shareholding by Singapore Citizens or Singapore Permanent Residents
3. Employment size of not more than 200 (at group level) or with annual sales turnover (at group level) of not more than \$100 million

*[For courses commencing on or after 1 Jan 2023]  
SMEs that meet all of the following eligibility criteria:*

1. Registered or incorporated in Singapore
2. Employment size of not more than 200 or with annual sales turnover of not more than \$100 million

*SME-sponsored Trainees:*

1. Must be Singapore Citizens or Singapore Permanent Residents.
2. Courses have to be fully paid for by the employer.
3. Trainee is not a full-time national serviceman.

**The company's Unique Entity Number (UEN) is** \_\_\_\_\_

**PART II: CONTACT PERSON**

**(Please send us the tax invoice on the amount of course fee payable)**

Signature : \_\_\_\_\_  
Name of Contact Person : \_\_\_\_\_  
Department : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Tel / Ext : \_\_\_\_\_  
Email : \_\_\_\_\_  
Date : \_\_\_\_\_

Company Official Stamp  
(Compulsory)