

# LCCI INVIGILATOR APPLICATION FORM

**IMPORTANT:** Please submit with copy of the NRIC



Name

NRIC No.  Date of Birth (dd/mm/yy)

Occupation  Highest Qualifications

Past experience in invigilation of public examinations? Please tick  Yes  No

Describe your invigilation experience if "Yes" above

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Home Address

Postal Code

Telephone (Home)  Telephone (Office)

Mobile Phone  Email (if any)

***All information given above will be treated in strict confidential by LCCI***

## Declaration

Applicants shall not and did not involve in any manner or in any capacity with any LCCI candidates. He or She does not have a direct interest in any of the LCCI candidates.