



LOGISTICS PROFESSIONAL DEVELOPMENT (LPD) PROGRAMME

Please tick the number of modules you wish to attend:

<input type="checkbox"/>	Supply Chain Management
<input type="checkbox"/>	IT and E-Commerce in Logistics
<input type="checkbox"/>	Business Logistics Management
<input type="checkbox"/>	Service Operation Management

Name: _____ Age: _____ Sex: Male Female

Membership No. : _____ (if applicable) Tel: (O) _____ (Home/HP) _____ Fax: _____

Home Address: _____

E-mail Address: _____ I/C No.: _____

Preferred Name on Certificate: _____ Company Sponsor Yes No

EMPLOYMENT DATA

Company Name: _____ Industry: Air/ Land/ Sea/ Logistics
Others: _____

Business Address: _____

Company's Field of Authority: _____

Present Position: _____ Years in Present Position: _____

Work Scope: _____

(Please use attachments if insufficient space)

Name of Company	Position	From	To

EDUCATIONAL BACKGROUND

School/College/University	Dates Attended	Highest Standard Attained

Signature of Applicant : _____

Date : _____

Please enclose payment with this application. Cheque should be made payable to "The Chartered Institute of Logistics and Transport".

Please mail completed applications to: The Chartered Institute of Logistics and Transport, 5 Jalan Kilang Barat #06-03
Petro Centre Singapore 159349

Or fax at: (65)6 275-3826