

**SUBMISSION OF CLASS TO HEADQUARTER FOR ISSUING OF CERTIFICATES**

<b>SUBJECT</b>	
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<b>NAME OF REGIONAL TRAINER</b>	
<b>COUNTRY</b>	
<b>DATE OF APPROVAL</b>	

<b>NAME OF TRAINER</b>	
<b>COUNTRY</b>	
<b>VENUE OF CLASS</b>	
<b>DATE OF CLASS</b>	
<b>TIME OF CLASS</b>	

NO.	NAME OF STUDENT	ID	NAME OF SALON	CONTACT NO.	EMAIL ADDRESS

The Trainer submitting FORM 51 has checked and confirmed that the information of the students is correct. The Regional Trainer submitting FORM 52 approved the venue and schedule class submitted.

<b>FOR HQ ARCHIVES USE</b>	<b>ACCESSION DATE</b>
<b>SUBMISSION DATE</b>	<b>NOTE</b>