

SUBMISSION OF CIBTAC ENDORSED PROGRAMME TO HEADQUARTER

SUBJECT	
VENUE	
DATE	
TIME	

NAME OF REGIONAL TRAINER	
COUNTRY	

NAME OF TRAINER	
COUNTRY	

NO.	NAME OF STUDENT	ID	NAME OF SALON	PRE-REQUISITE	CONTACT NO.	EMAIL ADDRESS

The Regional Trainer submitting FORM 53 approved and checked the following:-

- Venue
- Schedule
- Safety Pre-caution
- Students completed all Pre-requisites
- Trainer/s for the Exam

FOR HQ ARCHIVES USE	ACCESSION DATE
SUBMISSION DATE	NOTE