

REM Training Registration Form

Course Title:

Training Date:

☐ Registered Energy Manager (REM) - Type 1

☐ Registered Energy Manager (REM) - Type 2

Registration Form email to training@optimalsystems.my

Registration Type (Please (/) in appropriate box)

☐ Individual ☐ Company - HRDC Registered ☐ Company - Non HRDC ☐ Government (LO)

PERSONAL/ORGANIZATION DETAILS

Personal/Organization Name			
Personal/Organization Address			
Tax Identification Number (TIN)			
Business Registration No. (If any)			
SST Registration No. (If any)			
Contact Number (e-Invoicing)			
Email (e-Invoicing)			
Email (HR Department)**			

PERSONAL PARTICULARS

Full Name*			
Identification Number (I/C)*		Race*	
Date of Birth*		Gender*	

PHONE INFORMATIONS

Phone Contacts*

☐ Home Landline ☐ Work Landline ☐ Personal Mobile ☐ Work Mobile

Phone Number*

Email Contacts*

☐ Personal Email ☐ Work Email

Email Address*

ADDRESS

Permenant Home Address*

Street Address

Street Address Line 2

City

State

Postal Code

Country

Mailing Address*

☐ Same as permanant address ☐ New Mailing Address

New Mailing Address*

Street Address

Street Address Line 2

City

State

Postal Code

Country

CURRENT EMPLOYMENT

Type of Employment*

☐ Goverment ☐ Private ☐ Self Employed ☐ Unemployed

EDUCATION QUALIFICATION

Do you have Diploma/Degree?* *(If you do not have a Diploma or Degree in the field of Architecture, Engineering, Science, or Technology, the only available path forward is to register recognition through Professional Engineer under BEM.)*

☐ Yes ☐ No

Type of Diploma/Degree*

☐ Diploma ☐ Degree (Bachelors Degree)
☐ Degree (Master Degree) ☐ Degree (Philosophy Doctor)

Name of Education Institution*

Name of Qualification*

Graduation Date *(As per date mentioned on the Diploma/Degree certificate)**

SPECIALITY

Main Speciality*

☐ Architecture ☐ Engineering ☐ Science ☐ Technology

Sub-Speciality*

RECOGNITION

Recognition Method

☐ Board of Architects Malaysia (LAM)
☐ Board of Engineers Malaysia (BEM)
☐ Malaysia Board of Technologists (MBOT)
☐ Malaysian Qualification Agency (MQA)

Start Date*

WORKING QUALIFICATIONS

For diploma holders, a minimum of ten (10) years of working experience after the graduation date is required, while for degree holders, a minimum of two (2) years of working experience after the graduation date is required. The ST reserves the right to request proof of working experience even after approval has been granted. Failure to furnish the required proof may result in the voiding of the applicant's approval.

Upload Working Qualification together with the form. Click [here](#) to download the required template. Please note that only submissions using this template will be accepted for processing.

REM TYPE 1 CERTIFICATE

Name of REM Type 1 Registered Training Institution (RTI):

Note: Applicants for REM Type 2 must attach the **Attendance Certificate for REM Type 1** with this registration form. This does not apply to REM Type 1 applicants."

SELF DECLARATION

Declaration (Skip declaration 1 for Individual Registration)

1. I (name)_____ agree to send these particular trainees to attend the above training.
2. I agree to make full payment on the course fees stated at the invoice given to Optimal Systems Engineering Sdn Bhd before the training starts at the respective dates.
3. I agree for the course fee of training to be non-refundable but transferable in accordance to **OPTIMISE Training Policy**, although our trainees withdraw after the confirmation letter has been issued.
4. I acknowledge that the statements given in this form and the accompanying documents are true as required and the Commission has the right to reject this application if it is found that the information and documents provided are incomplete, untrue, false or do not include the required details.
5. I acknowledge that in the event after the Certificate of Registration as Registered Energy Manager and Certificate of Practicing as Registered Energy Manager has been issued and the Commission found that the information and documents provided are untrue, false or do not include the required details; the Commission reserves the right to cancel my Certificate of Registration as Registered Energy Manager and Certificate of Practicing as Registered Manager.
6. I acknowledge that I have not been convicted of an offence involving fraud, dishonesty, or corruption under the Energy Efficiency and Conservation Act 2024.
7. I acknowledge and consent that some of the information provided above may be publicly displayed for verification purposes and/or to enable interested parties to contact me regarding my registration as Registered Energy Manager.

By Signing below, I hereby agreed to attend and shall make the necessary payment as stipulated by the invoice from Optimal Systems Engineering. Except for individual registration, the signature below must be from either Chief Executive, Director, General Manager, HR / Training Manager or Assistant Manager.

Contact us : Ms Noor Aizathul Akma
Tel No. : 016-7167248 / 07-5704842
Email : training@optimalsystems.my
Website : www.optimalsystems.com
Operating Hours : Monday - Friday (9.00 am - 5.00 pm)

Organization Stamp / Signature*