

## RHEMA BIBLE TRAINING CENTER SINGAPORE (RBTCS)

780 Upper Serangoon Road, #02-01/02 Choon Kim House Singapore 534649
Tel: (65) 6382 1900 Fax: (65) 6281 0802 Email: admin@rhema.org.sg Website: www.rhema.org.sg

## **APPLICATION FORM**

## **INSTRUCTIONS**

1. Fill out the application form in full. Make sure that all blanks and signature are completed. Your application may be returned if any area is left blank.

2. Return the completed application, with attached recent photograph taken within the last 6 months, and application fee of \$25. Cheque are to be made payable to Rhema Bible Training Center Singapore (please note that center is spelt `er' not `re'). Applications will be processed when all required documents and payment are received.

Attach a recent passport-sized photograph here. (Compulsory)

DIFASE DRINT	OR TYPE THE	INFORMATION	CIFARIV
PLLAJL PRIMI	OR LIFE ITE	HALORIALION	CLLANLI

Name (According to NRIC/I	Passport) (Unde	rline surname)	Pref	ferred Nam	e (Not reflec	ted in NR	IC/Passport)
Residential Address				Pos	stal Code (	,	Country of Citizenship
Mobile (Compulsory) Re	esidential Tel	Office Tel		Fax Tel	star code (	J	Email (Compulsory)
NRIC (last 4 characters)		<b>Gender</b> □ Male □	Female	Date of E	Birth (dd/mm	/yy)	
Full Name of Spouse (Appl	icable if married	l only)	Has you	ır spouse p	reviously att	ended Rh	ema? What year?
Name of Church		Denomi	Denomination				
Name of Pastor							
How long have you attend church?		e you a membe Yes        No	r of the c	hurch?	Do you atte	end churc	h regularly?
Occupation:		ghest Education Masters			☐ Diploma	□ GCE	'A' Level GCE 'O' Level
Length of Employment:  Major (For Diploma and above):							
How did you hear about R	hema? (You ma	y tick more thar	one)				
Word-of-mouth: ☐ Exist	ting RHEMA stuc	dent 🗖 Alumn	i of RHEN	∕IA □ Fri	end/Relative	☐ Chui	rch Pastor
<b>Website:</b> □ RHEMA Sing	gapore website	☐ RHEMA USA	A website	☐ Othe	r RHEMA We	bsite (Plea	ase specify)
Events:	it Seminar □ R	HEMA Prayer M	leeting <b>C</b>	□ RHEMA C	Open House	□ Other	events, please specify:
Have you accepted Jesus C	Christ as your pe	ersonal Lord and	l Savior?	□ Y	es 🗆 No	If 'Yes	', when (mm/yy)?
Have you received the baptism of the Holy Spirit with the evidence of speakin tongues?					', when (mm/yy)?		
☐ Yes ☐ No ☐ What language/s do you read, write and comprehend?							
Have you ever been prove	n guilty in a cou	ırt of law?	Yes 🗆 N	No If yes, v	vhat were the	e charges	?

Name	Relationship	Contact No.s: Res:
Address		HP:
Postal Code: ( )		
Statement of Truth and Consent		
	t on the date indicated, I do grant full and complete   o render or give emergency medical aid, care, treatm	
	data (phone number, email address, physical address i of RBTCS, for the purposes of contact me for the re	
to communicate with me about u		
to communicate with me about u to communicate with me things t to keep me informed as to the pr have completed this application fully a	pcoming RBTCS events hat will minister to my spiritual needs	
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