

APPLICATION FORM TOYOTA GHANA FLEET CUSTOMER TRAINING

Attention: National Service Department
 Fleet Customer Department
 Training Department
 TOYOTA GHANA COMPANY LIMITED
 Email: info@toyotaghana.com

COMPANY NAME: _____
 Address: _____

 Telephone _____
 Managers' Name / PIC _____
 Contact number _____
 E-mail: _____

If you intend to nominate your staff to attend , please fill in the boxes below and send it to us by e-mail two weeks before the training starts.

Candidates to attend the course

Course Name	Batch	Name of Candidate		Job Title	Past Experience		E-mail
					TOYOTA Others	Previous Toyota Ghana Training Attended	
Toyota Technician		Mr. / Ms.			years		
					years		
Toyota Technician		Mr. / Ms.			years		
					years		