

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		