



Honda Safety Driving Center

Km 17 East Service Road, South Super Highway, Paranaque City 1700 Philippines
Tel. nos. (632) 837-2355; (632) 838-5355; (0917) 500-0232
www.hondasafetydriving.ph

REGISTRATION FORM

INSTRUCTIONS : Please tick (P) where appropriate.

Course Applied :	<input type="checkbox"/> Basic Motorcycle Riding Safety Course	<input type="checkbox"/> Automobile Learners Safety Course
	<input type="checkbox"/> Manual Transmission	<input type="checkbox"/> Manual Transmission
	<input type="checkbox"/> Automatic Transmission	<input type="checkbox"/> Automatic Transmission

DATE OF BIRTH : _____
(yyyy / mm / dd)

FULL NAME : _____ Sex : Male Female
Last Name Given Name M.I.

ADDRESS. : _____
No. / Street Village / Subdivision Municipality / City Zip Code

CONTACT DETAILS. : Home / Office _____ Mobile no. _____ E-mail _____

NATIONALITY : Filipino Others; Pls. specify : _____ If foreign resident, please supply ACR no. _____

OCCUPATION : Student Employee Self-employed Business Owner Others

NAME OF SCHOOL / COMPANY : _____

DRIVERS LICENSE DETAILS (if any)

Student's Permit Non - Professional / No. : _____ Professional / No. : _____ Restriction Code _____

How did you learn about the Honda Safety Driving Center (HSDC) ?
 Dealers Internet TV, Print, Radio
 Recommended by family, friends, relatives, company

I hereby declare that :

- 1) All the information given by me to the Center is correct, accurate and up-to-date.
- 2) I have read and willingly agree to abide by the Terms and Conditions that is attached to this Registration Form.
- 3) I agree to book my classes at least five (5) working days before my preferred schedule.

_____ Date
Customer's Printed Name & Signature

Please see attached Terms and Conditions. **→**

For HSDC use only.

Received by :	Documents checked by :	Payment received by :	Date of Registration :	STUDENT NO.
Printed Name & Signature	Printed Name & Signature	Printed Name & Signature		