

**PEMBANGUNAN SUMBER MANUSIA BERHAD
(PSMB)**



**TRAINING PROVIDER
REGISTRATION UNIT**



USER GUIDELINE

IMPORTANT NOTE :

1. Applicants are required to fill up all columns in the application form especially the one with ASTERISKS SYMBOL (*).
2. All payments MUST use E-SLIP form (to be generated from system).
3. Applicants need to submit applications before making their payments. Payments can only be made UPON receiving the pre-approval email from PSMB officer. However for E-Directory application, applicants need to make payment before submit E-Directory application.
4. Training Provider Renewal : Training Providers registered under category A, B or B(HO) that fulfil all requirements for registration may continue for renewal with PSMB without having to submit the re-registration application.
5. Training Provider Re-Registration : Training Providers registered under category A, B, B(HO) or C that do not fulfil the requirements, need first to fulfil all requirements before submission for Re-registration. (Please refer to the Training Provider Circular No. 4/2014).

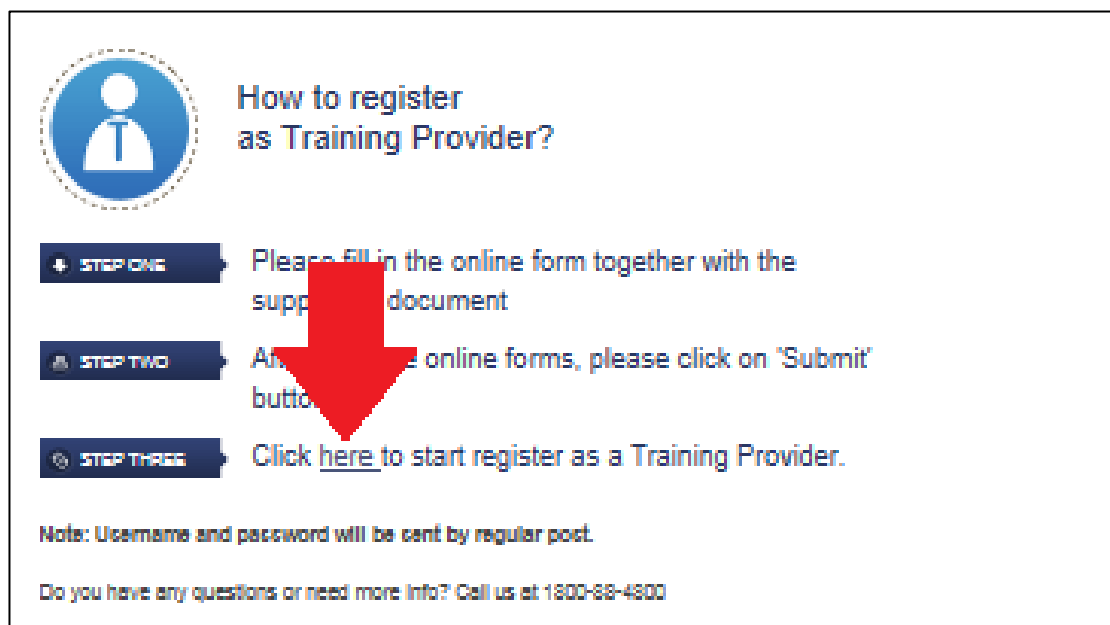
PART 1 : NEW TRAINING PROVIDER REGISTRATION

Applicants may submit their applications to register as Training Provider through **eTRIS** at our website <http://www.hrdf.com.my> and the steps are as described below:

STEP 1: Click the **“Register With Us”** icon.



STEP 2: At the **“REGISTRATION”** page, please scroll down to **“How to register as Training Provider?”** and click on the arrow shown below.



STEP 3: On the next page, explanation on how to complete the form are as follows:

1) Ownership and Organization Type:

- a) **Association / Industry-based Training Centre:**
(Association / Non-Government Organisation (NGO) / Non-profit Company / Public Education Institution)
- b) **Berhad (Bhd.) / Sendirian Berhad (Sdn. Bhd.):**
(Company type with Berhad (Bhd.) or Sendirian Berhad (Sdn. Bhd.))
- c) **Semi Government / Government:**
(Government Agency / Body (Please provide Certificate of Government agency if you are registering as Government Training Provider))
- d) **Limited Liability Partnership (LLP):**
(Company type with Limited Liability Partnership (LLP))

- 2)** Please download and fill up the templates for **Appendix A (Training Provider Competency)** and **Appendix B (List of Training Programme)** (At least one (1) programme)

The screenshot shows a web form titled 'Training Provider Registration'. It has a 'Submit' button and a 'Close' button. The form is divided into three main sections: 'Ownership and Organization Type', 'Training Provider's Information', and 'Address'. In the 'Ownership and Organization Type' section, there are dropdown menus for 'Organization Type' and 'Ownership Type'. A red circle highlights a link that says 'Please Download Templates For APPENDIX A APPENDIX B'. In the 'Training Provider's Information' section, there is a question 'Have you already registered with HRDF?' with 'Yes' and 'No' radio buttons. Below this are input fields for 'MyCoID' and 'Training Provider Name'. In the 'Address' section, there are input fields for 'Address', 'Postcode', 'City', 'Country' (set to 'Malaysia'), and 'State' (set to 'Kuala Lumpur').

3) Training Provider's Information :

(Note: MyCOID is your ROC Company and need to fill up without dash (-) or spacebar e.g.: 122345V, LLP122345LGN, etc.)

(Explanation on how to complete the questions are as follows :)

- a. Have you already registered with HRDF?
 - i. If YES, please choose question **3) b.**
 - ii. If NO, please fill up your MyCOID
- b. Do you want to register with new MyCOID?
 - i. If YES, please fill up your new MyCOID and Old MyCOID
 - ii. If NO, please fill up your MyCOID
- c. Address :
(Your business address)
- d. Personal Contact :
 - i. Office Telephone :
 - ii. Office Email :

4) Officer In-Charge:

(We advise you to give more than just one name)

- a. Full name :
- b. Identity Card (IC) Number :
- c. Designation :
- d. Phone Number :
- e. Email :

Business Information *	
Number of Employees	10 *
Part Time Trainers	3 *
Full Time Trainers	2 *

Trainer Details
Add Trainer 

5) Business Information → add trainer



(Full time or part time trainer must be the same with the information given earlier)

- a. Trainer Status :
- b. TTT Certification/Exemption No. :
(Kindly fill up the IC/Passport column before completing this part)
- c. Name :
- d. Nationality :
- e. IC/Passport No. :
- f. Race :
- g. Mobile Number :
- h. Email :

(Please fill up below information with at least one (1) information for every section)

Academic Qualification	Professional Qualification	Years of Career Experience	Training Experience																		
Academic Qualification <table><tr><td>Qualification</td><td> </td><td>*</td><td>Year Awarded</td><td> </td><td>*</td></tr><tr><td>Name of Academic Institute</td><td>Select</td><td>*</td><td colspan="2"></td><td></td></tr><tr><td colspan="4"></td><td>Add</td><td>Reset</td></tr></table>				Qualification		*	Year Awarded		*	Name of Academic Institute	Select	*								Add	Reset
Qualification		*	Year Awarded		*																
Name of Academic Institute	Select	*																			
				Add	Reset																

- i. Academic Qualification :
- ii. Professional Qualification :
- iii. Years of Career Experience :
- iv. Training Experience :

6) Company Board of Directors:

(Refer to SSM Form 49 and MUST key-in all members' information as per below)

- a. Full name :
- b. Nationality :
- c. Identity Card (IC) Number :
- d. Designation :
- e. Address (home @ office) :
- f. Phone Number :
- g. Email :

(Please up-load below documents)

(Refer to the one member of the Company Board of Directors)

(Please tick (✓) if you agree with the declaration)

(On the top left side of the page)

PART 2 :

RENEWAL OF TRAINING PROVIDER REGISTRATION

Important Note :

- 1) The TPIS user name and password are no longer valid. Applicants are required to obtain new **eTRIS** username and password.
- 2) For new applicants or for those whom are yet to obtain the username and password (if any), you are required to write in officially to PSMB IT and Multimedia Department to request for a copy of the TPIS Username and password. Email the letter to ithelpdesk@hrdf.com.my or fax to 03-20964945.
- 3) Training Providers registered under category A, B or B(HO) that fulfil all requirements for registration may continue for renewal with PSMB without having to submit the re-registration application.

Applicants may submit their applications to renewal as Training Provider through **eTRIS** at our website <http://www.hrdf.com.my> and the steps are as described below:

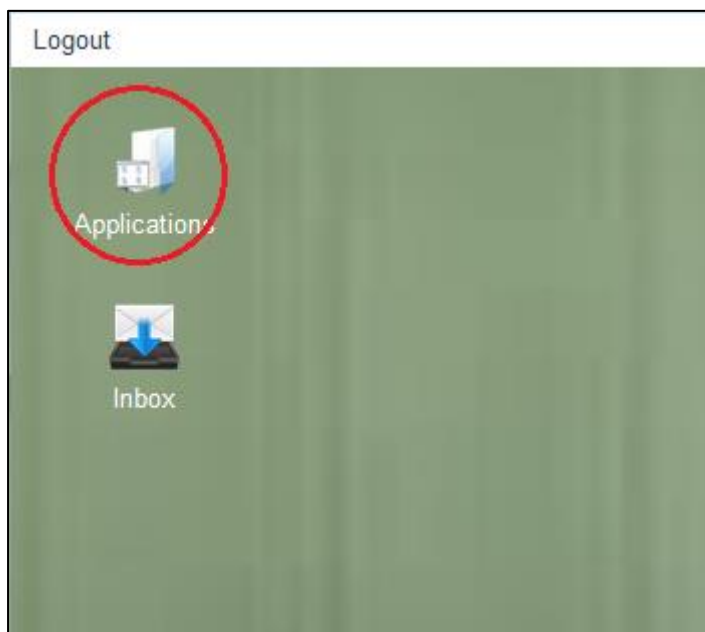
STEP 1: Log into the **eTRIS** system through <http://www.hrdf.com.my>



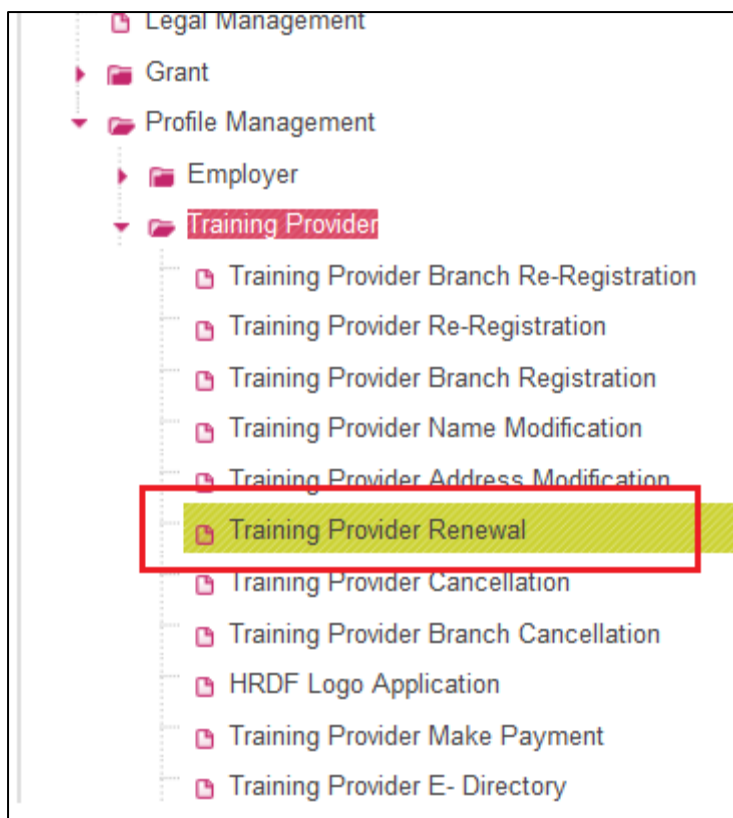
STEP 2: Applicants need to **LOGIN** and choose the **eTRIS** button as shown below



STEP 3: In the next page, please choose the **Application** icon



STEP 4: Select “**Profile Management**” → “**Training Provider**” → “**Training Provider Renewal**”



STEP 5: You may add/edit/delete your trainer(s).

(At least you must have one (1) trainer)

Trainer Details

Add Trainer

Trainer Name	Trainer IC/Passport No.	TTT Certification/Exemption No.	Trainer Status	Nationality	Actions
NITHANATHAN A/L KUPPAN	780126195281		Full Time	Malaysian	View / Edit / Delete
DR SARAHNURH (ID:4775)	791805875837			Malaysian	View / Edit / Delete
SUTHARTTHAN MARETHAPPAN (ID:4775)	781823625249			Malaysian	View / Edit / Delete

List of Training Programs

Customize List

Records Per Page: 25, 50, 100, All

Search Result

Training Provider Name	DBL Name	Training Program Type	Training Program Name
AMST (SCN)HD	DBL Name		PROJECT MANAGEMENT WORKSHOP

One record found.

Attachments

File Description:

Attach File: No file selected.

Note: Maximum 2MB Allowed (Only .JPG, .JPEG, .BMP, .GIF, .PNG, .TIFF, .PDF, .DOC, .DOCX, .PPT, .PPTX, .XLS, .XLSX, .TXT, .CSV, .XML, .RTF, .XLS, .PPTX are allowed)

No record found

STEP 6: To add trainer(s), please fill up below information with at least one **(1)** information for every section.

- i. Academic Qualification :
- ii. Professional Qualification :
- iii. Years of Career Experience :
- iv. Training Experience :

Trainer Profile

Trainer Status: *

Guest Trainer: ☐ Yes ☐ No

TTT Certification / Exemption Number:

Person Details

Name: *

Nationality: *

IC/Passport No.: *

Race: *

Personal Contact

Mobile No.: *

Office No.: Fax No.:

Email: *

1 Academic Qualification 2 Professional Qualification 3 Years of Career Experience 4 Training Experience

Academic Qualification

Qualification: *

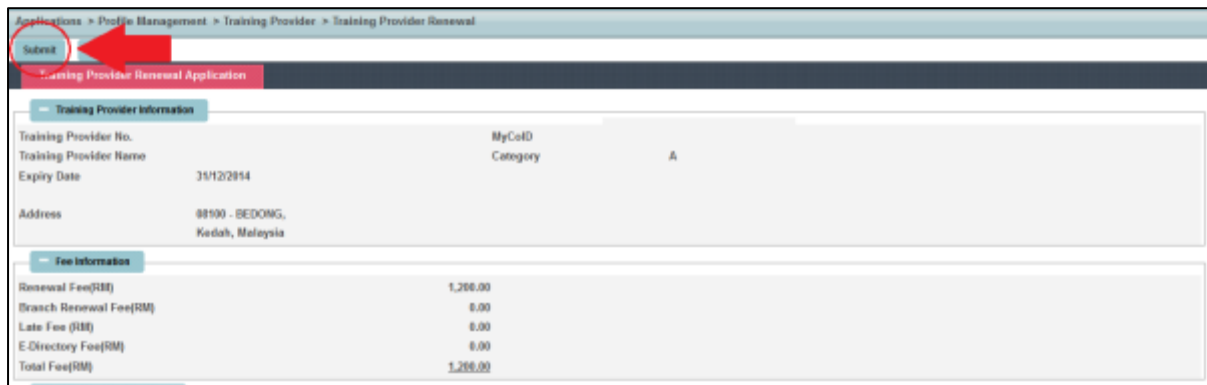
Year Awarded: *

Name of Academic Institute: *

STEP 7: The next step will require you to upload the relevant document(s). For this purpose, you need to prepare the document(s) as follow:

a. Train the Trainer Certificate / Exemption Certificate / Letter of TT Exemption

STEP 8: Once all information has been completed, click **Submit**
(On the top left side of the page)

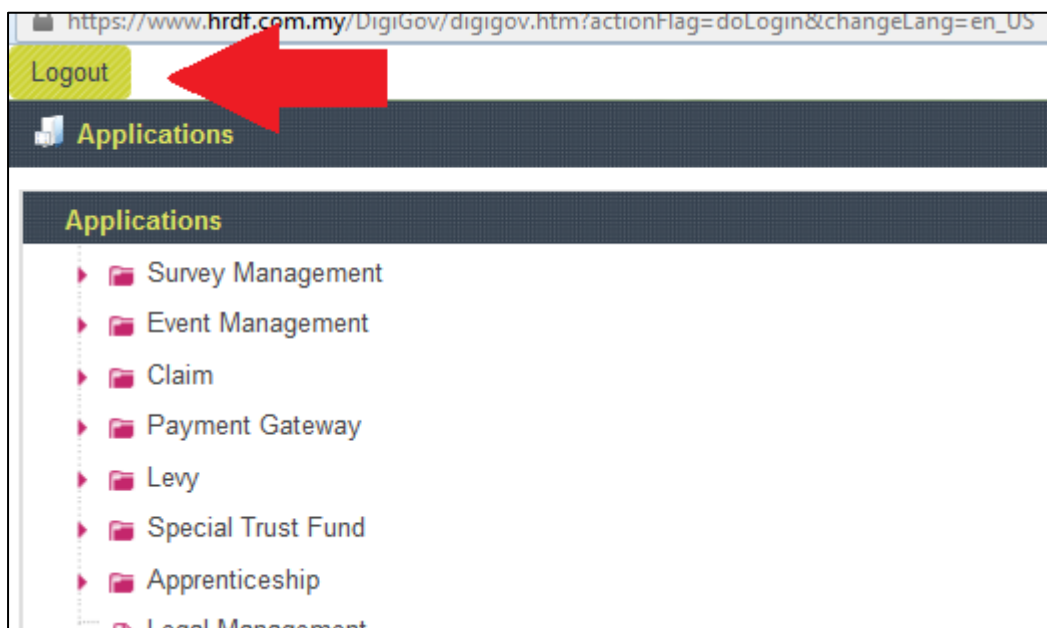


The screenshot shows the 'Training Provider Renewal Application' form. At the top left, there is a 'Submit' button circled in red, with a red arrow pointing to it. The form is divided into two main sections: 'Training Provider Information' and 'Fee Information'.

Training Provider Information	
Training Provider No.	MyCoID
Training Provider Name	Category A
Expiry Date	31/12/2014
Address	98100 - BEDONG, Kedah, Malaysia

Fee Information	
Renewal Fee(RM)	1,200.00
Branch Renewal Fee(RM)	0.00
Late Fee (RM)	0.00
E-Directory Fee(RM)	0.00
Total Fee(RM)	1,200.00

STEP 9: You have now successfully submitted your renewal form. Please log out of the TPIS system.



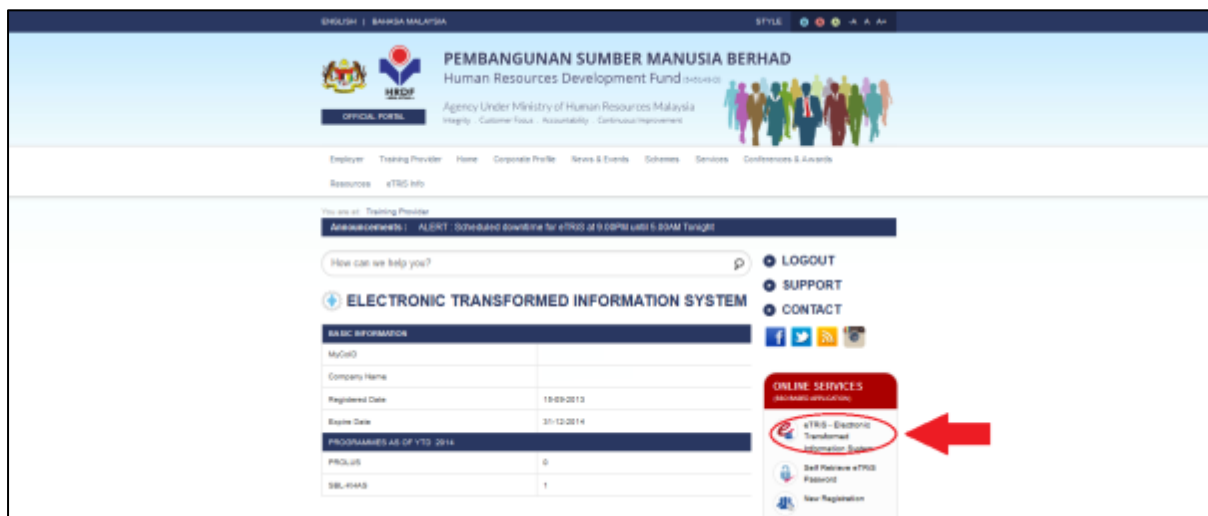
PART 3 :

TRAINING PROVIDER RE-REGISTRATION

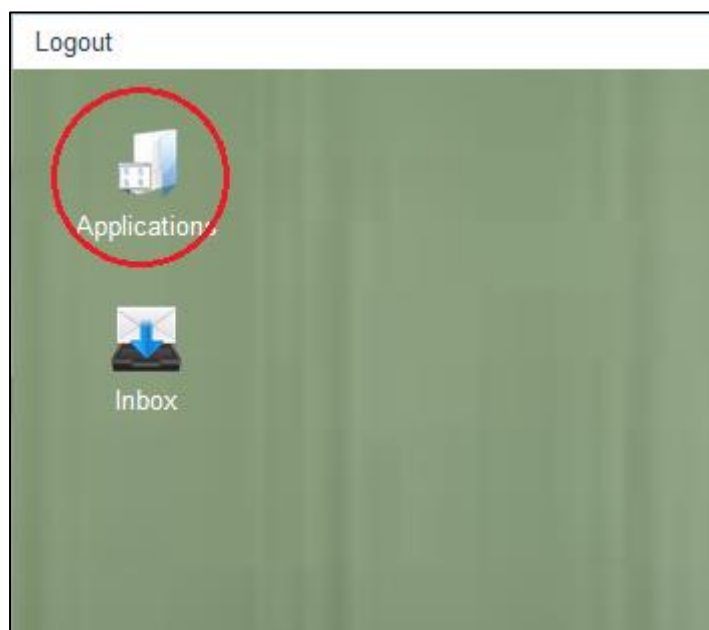
STEP 1: Log into the **eTRIS** system through <http://www.hrdf.com.my>



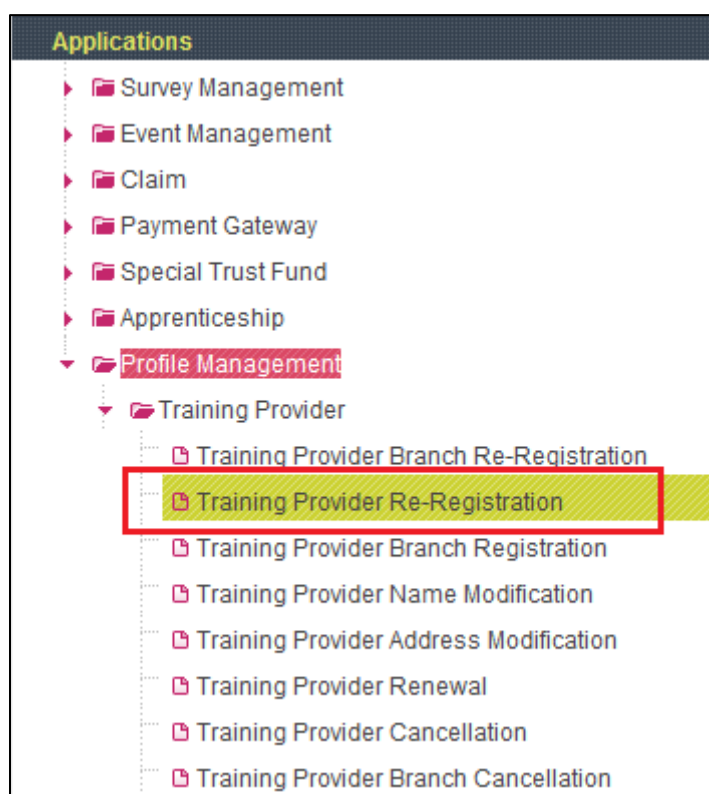
STEP 2: Applicants need to **LOGIN** and choose the **eTRIS** button as shown below



STEP 3: In the next page, please choose the **Application** icon



STEP 4: Select “**Profile Management**” → “**Training Provider**” → “**Training Provider Re-Registration**”



STEP 5: On the next page, explanation on how to complete the form are as follows:

1) Ownership and Organization Type:

a) **Association / Industry-based Training Centre:**

(Association / Non-Government Organisation (NGO) / Non-profit Company / Public Education Institution)

b) **Berhad (Bhd.) / Sendirian Berhad (Sdn. Bhd.):**

(Company type with Berhad (Bhd.) or Sendirian Berhad (Sdn. Bhd.))

c) **Semi Government / Government:**

(Government Agency / Body (Please provide Certificate of Government agency if you are registering as Government Training Provider))

d) **Limited Liability Partnership (LLP):**

(Company type with Limited Liability Partnership (LLP))

2) Please download and fill up the templates for **Appendix A (Training Provider Competency)** and **Appendix B (List of Training Programme)** *(At least one (1) programme)*

The screenshot shows a web form titled 'Training Provider Registration'. At the top are 'Submit' and 'Close' buttons. The form is divided into three main sections: 'Ownership and Organization Type', 'Training Provider's Information', and 'Address'. In the 'Ownership and Organization Type' section, there are dropdown menus for 'Organization Type' and 'Ownership Type'. To the right of these, a red oval highlights a link that says 'Please Download Templates For APPENDIX A APPENDIX B'. The 'Training Provider's Information' section includes a question 'Have you already registered with HRDF?' with 'Yes' and 'No' radio buttons, and input fields for 'MyCoID' and 'Training Provider Name'. The 'Address' section has a large text area for 'Address', and dropdown menus for 'Postcode', 'City', 'Country' (set to 'Malaysia'), and 'State' (set to 'Kuala Lumpur').

3) Training Provider's Information:

(Note: MyCoID is your ROC Company and need to fill up without dash (-) or spacebar e.g.: 122345V, LLP122345LGN, etc.)

(Explanation on how to complete the questions are as follows :)

- a. Have you already registered with HRDF?
 - i. If YES, please choose question **3) b.**
 - ii. If NO, please fill up your MyCoID
- b. Do you want to register with new MyCoID?
 - i. If YES, please fill up your new MyCoID and Old MyCoID
 - ii. If NO, please fill up your MyCoID
- c. Address:
(Your business address)
- d. Personal Contact:
 - i. Office Telephone:
 - ii. Office Email:

4) Officer In-Charge:

(We advise you to give more than just one name)

- a. Full name:
- b. Identity Card (IC) Number:
- c. Designation:
- d. Phone Number:
- e. Email:



5) Business Information → add trainer

(Full time or part time trainer must be the same with the information given earlier)

- a. Trainer Status:
- b. TTT Certification/Exemption No. :
(Kindly fill up the IC/Passport column before completing this part)
- c. Name:
- d. Nationality:
- e. IC/Passport No. :
- f. Race:
- g. Mobile Number:
- h. Email:

(Please fill up below information with at least one (1) information for every section)

Academic Qualification	Professional Qualification	Years of Career Experience	Training Experience
Academic Qualification Qualification Year Awarded Name of Academic Institute Select Add Reset			

- i. Academic Qualification:
- ii. Professional Qualification:
- iii. Years of Career Experience:
- iv. Training Experience:

6) Company Board of Directors:

(Refer to SSM Form 49 and MUST key-in all members' information as per below)

- a. Full name:
- b. Nationality:
- c. Identity Card (IC) Number:
- d. Designation:
- e. Address (home @ office):
- f. Phone Number:
- g. Email:

(Please up-load below documents)

- 8) Company Owner Declaration:**

(Refer to the one member of the Company Board of Directors)

- 9) Company Declaration:**

(Please tick (✓) if you agree with the declaration)

STEP 5: Once all information has been completed, click **Submit**
(On the top left side of the page)

 HUMAN RESOURCES DEVELOPMENT FUND (HRDF)

PART 4 :

MAKING THE PAYMENT

Important Note:

Applicants need to submit their applications before doing the payment. Payment can be made UPON receiving the pre-approval email PSMB officer. Except for E-Directory application, user need to make payment before submit E-Directory application.

A. NEW TRAINING PROVIDER REGISTRATION

STEP 1: For new Training Provider, together with the **pre-approval mail** from PMSB officer, you will also receive **Application ID, amount to be paid** and link to do the payment details. As an alternative, you may also copy this link, <http://www.hrdf.com.my/wps/portal/PSMB/MainEN/Services/Online-Services/payment> to get E-the SLIP.

Dear Sir/Madam,

Please be informed that your application to register as Training Provider has been approved.

The details of your application are as follows:

Company Name : 881025 H ACTIVE ACOUSTIC ENGINEERING SDN BHD

Category: Default

Application ID: TP10001234

Officer Incharge: LOW KENG FATT

Received Date : 14/10/2014

Payment Type: Registration Fee

Transaction Reference No. : TP10001234

Registration amount to be paid: 3000.0

You are required to pay the registration fee and the application will be rejected automatically after 60 days.

Please use the above information when you make payment.

Please login at PSMB website to make the payment (<http://www.hrdf.com.my/wps/portal/PSMB/MainEN/Services/Online-Services/payment>)

STEP 2: The link above will lead you to below online page:

Note : Fill-in your Application ID by referring to the pre-approval mail that you have receive and click **Search**.

STEP 3: On the next page, please click “**Make Payment**” icon.

How can we help you?

ONLINE PAYMENT

Make Payment Close

Portal Payment

Enter Transaction Code

Application Reference ID: TP10001234 Search

Payment Information

Name: ACTIVE ACOUSTIC ENGINE MyCoID/IC No.: 881025 H

Total Amount (RM): 3,000.00 Status: Pending

Payment Detail

Sr.No.	Description	Amount(RM)
1	Training Provider Registration Payment	3,000.00

STEP 4: Once you have clicked the “**Make Payment**” icon, a new section will appear. In this section, you need to fill up the “**Declaration**” section. For this particular section, only the **Owner / Authorised Person In-Charge / Member of the Board of Directors**, may complete the information.

ONLINE PAYMENT

Payment Information

Payment Detail

MyCoID/IC No.: 881025 H Name: ACTIVE ACOUSTIC ENGINE

Sr. No.	Description	Amount(RM)
1	Training Provider Registration Payment	3,000.00

Total Amount(RM): 3,000.00

Declaration

Name: LOW KENG FATT IC/Passport No.: 810417145155

Designation: GENERAL MANAGER Email: kflow@active-acoustic.com

Payment Method

Payment Method: Manual Payment

Bank

Bank Name: PBB

Make Payment Close

STEP 5: Once you have clicked the **“Make Payment”** icon below the Declaration Section, a pop-up column will appear to prompt you to either **“Open”** or **“Save”** the payment slip. At this stage, please choose to open the document.

My COCID No. 881025 F1 Name ACTIVE ACOUSTIC ENGINE

Sr. No.	Description	Amount(RM)
1	Training Provider Registration Payment	3,000.00
Total Amount(RM)		3,000.00

Declaration

Name: LOW KENG FATT IC/Passport No. 810417145155

Designation: GENERAL MANAGER Email: kflow@active-acoustic.com

Payment Method

Payment Method: Manual Payment

Bank

Bank Name: PBB

Make Payment **Close**

Do you want to open or save PBB_000ETY.pdf from www.hrdf.com.my?

Open **Save** **Cancel**

STEP 6: Once the **“Open”** button is chosen, the E-SLIP will appear. Please print the E-SLIP and make your payment at any Public Bank counter.

PUBLIC BANK

E - SLIP

☐ WANG TUNAI SAHAJA
CASH ONLY

☐ CEK CEK CAWANGAN INI
HOUSE CHEQUE

☐ CEK CEK TEMPATAN
LOCAL CHEQUES

☐ LAIN LAIN
OTHERS

☐ DR A/C NO (domicile br no)

TUNAI / CASH				RM	SEN
BANK	NO CEK / CHEQUE NO	TEMPAT / PLACE	KOMISEN / COMMISSION		
JUMLAH BERSIH / NET TOTAL				3000	00

NAMA AKAUN / ACCOUNT NAME

NO. AKAUN / ACCOUNT NO

MYCOID

NO. RUJUKAN TRANSAKSI /
TRANSACTION REF NO.

3	9	9	9	0	6	0	0	0	3
8	8	1	0	2	5	H			
0	0	0	E	T	Y				

STEP 7: Once completed, you may click “**Close**” button and log out from the system. Kindly be informed that it will take 24 hours (working day) to activate the application status.

Payment Information

Payment Detail

MyCoID/IC No. 881025 H Name ACTIVE ACOUSTIC ENGIN

Sr. No.	Description	Amount(RM)
1	Training Provider Registration Payment	3,000.00
Total Amount(RM)		3,000.00

Declaration

Name LOW KENG FATT IC/Passport No. 810417145155

Designation GENERAL MANAGER Email kflow@active-acoustic.com

Payment Method

Payment Method ☒ Manual Payment

Bank

Bank Name ☒ PBB

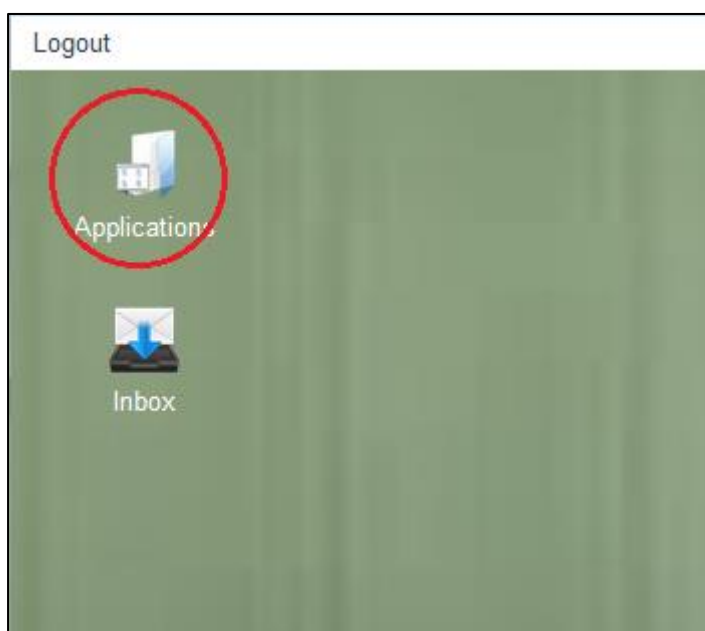
Make Payment **Close**

B. EXISTING TRAINING PROVIDER

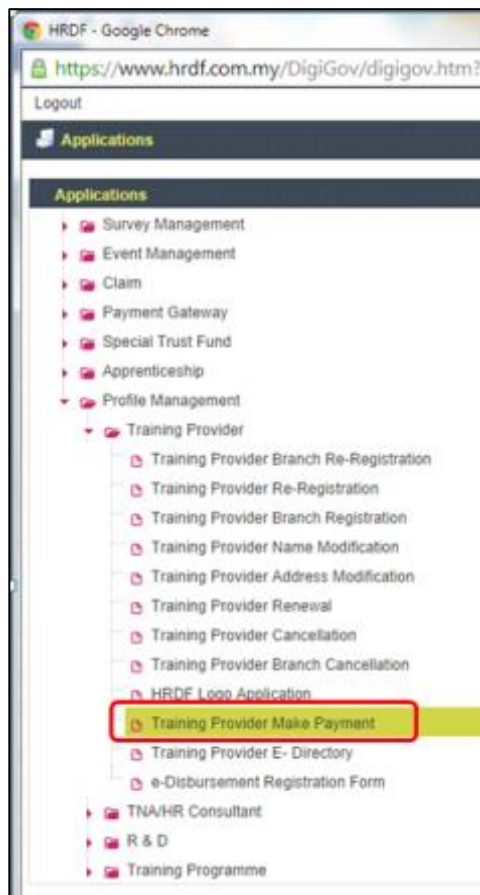
STEP 1: For existing Training Providers, once you have obtained the pre-approval mail from PMSB officer, you need to **login** and choose **eTRiS** as shown below.



STEP 2: In the next page, please choose the **Application** icon



STEP 3: Select “Profile Management” → “Training Provider” → “Training Provider Make Payment”



STEP 4: On the “Make Payment” page, please select your payment type based on your application.

A screenshot of the 'Training Provider Make Payment' page in the HRDF DigiGov system. The page header includes a 'Logout' link and an 'Applications' menu. Below the header, a breadcrumb trail reads 'Applications > Profile Management > Training Provider > Training Provider Make Payment'. There are two buttons: 'Make Payment' and 'Close'. A red banner at the top of the main content area says 'Training Provider Make Payment'. Below this is a section titled 'Payment Information'. It contains two fields: 'MyCoID' with the value '847803X' and a red asterisk, and 'Payment Type' with a dropdown menu. The dropdown menu is open, showing a list of payment types: 'Select', 'Training Provider Address Modification Payment', 'Training Provider Branch Re-Registration Payment', 'Training Provider Branch Registration Payment', 'Training Provider Category Change Payment', 'Training Provider E-Directory Payment', 'Training Provider Late Penalty Fee', 'Training Provider Name Modification Payment', 'Training Provider Re-Registration Payment', 'Training Provider Renewal Payment', and 'TTT Exemption Payment'.

STEP 5: Sample details to do payment as shown below:

To make payment for **“Re-registration”**, please choose **“Training Provider Re-Registration”** at the **Payment Type**. System will appear the amount need to be paid and please click **“Make Payment”** icon.

Logout

Applications

Applications > Profile Management > Training Provider > Training Provider Make Payment

Make Payment Close

Training Provider Make Payment

Payment Information

MyCoID	001094434P *
Payment Type	Training Provider Re-Registr. *
Payment Amount(RM)	1,200.00

STEP 6: Once you have clicked the **“Make Payment”** icon, a new section will appear. In this section, you need to fill up the **“Declaration”** section. For this particular section, only the **Owner / Authorised Person In-Charge / Member of the Board of Directors**, may complete the information.

Sr. No.	Description
1	Training Provider Re-Registration Payment

Declaration

Name	*	IC/Passport No.	*
Designation	*	Email	*

Payment Method

Payment Method ☐ Manual Payment

Make Payment **Close**

STEP 7: Once you have clicked the **“Make Payment”** icon below the Declaration Section, a pop-up column will appear to prompt you to either **“Open”** or **“Save”** the payment slip. At this stage, please choose to open the document.

MyCOID No. 881025 FT Name ACTIVE ACOUSTIC ENGINE

Sr. No.	Description	Amount(RM)
1	Training Provider Registration Payment	3,000.00
Total Amount(RM)		3,000.00

Declaration

Name: LOW KENG FATT IC/Passport No.: 810417145155

Designation: GENERAL MANAGER Email: kflow@active-acoustic.com

Payment Method

Payment Method: Manual Payment

Bank

Bank Name: PBB

Make Payment Close

Do you want to open or save PBB_000ETY.pdf from www.hrdf.com.my?

Open Save Cancel

STEP 8: Once the **“Open”** button is chosen, the E-SLIP will appear. Please print the E-SLIP and make your payment at any Public Bank counter.

PUBLIC BANK

E - SLIP

☐ WANG TUNAI SAHAJA
CASH ONLY

☐ CEK CEK CAWANGAN INI
HOUSE CHEQUE

☐ CEK CEK TEMPATAN
LOCAL CHEQUES

☐ LAIN LAIN
OTHERS

☐ DR A/C NO (domicile br no)

TUNAI / CASH				RM	SEN
BANK	NO CEK / CHEQUE NO	TEMPAT / PLACE	KOMISEN / COMMISSION		
JUMLAH BERSIH / NET TOTAL				3000	00

NAMA AKAUN / ACCOUNT NAME

NO. AKAUN / ACCOUNT NO

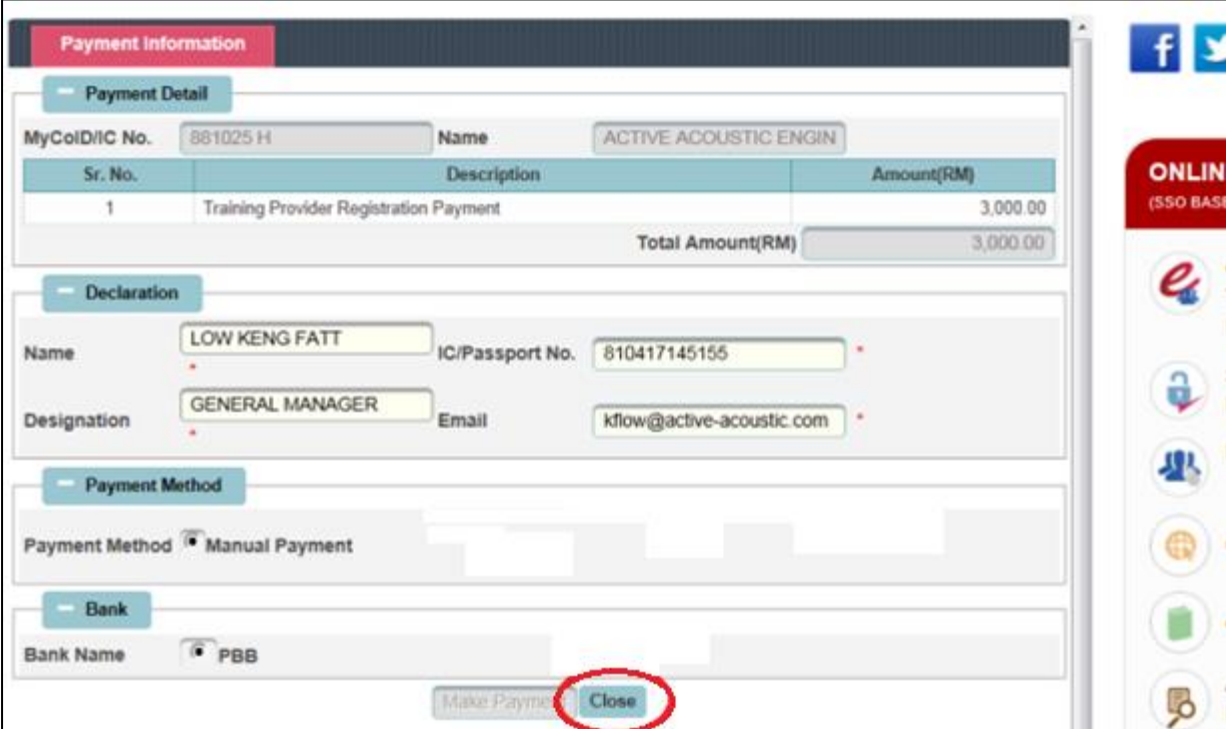
MYCOID

NO. RUJUKAN TRANSAKSI /
TRANSACTION REF NO.

3	9	9	9	0	6	0	0	0	3
8	8	1	0	2	5		H		

0	0	0	E	T	Y
---	---	---	---	---	---

STEP 9: Once completed, you may click “**Close**” button and log out from the system. Kindly be informed that it will take 24 hours (working day) to activate the application status.



Payment Information

Payment Detail

MyCoID/IC No. 881025 H Name ACTIVE ACOUSTIC ENGIN

Sr. No.	Description	Amount(RM)
1	Training Provider Registration Payment	3,000.00
Total Amount(RM)		3,000.00

Declaration

Name LOW KENG FATT IC/Passport No. 810417145155

Designation GENERAL MANAGER Email kflow@active-acoustic.com

Payment Method

Payment Method ☒ Manual Payment

Bank

Bank Name ☒ PBB

Make Payment **Close**