



REGISTRATION FORM

1. **PERSONAL DETAILS**

(a) Surname First Name

Gender ID NO/PASSPORT

(b) P/Address

Phone (Land Line) Mobile

E-mail address

2. **COURSE DETAILS**

(a) Course applied for

(b) Scheduled date

3. **BUSINESS INFORMATION**

(a) Are you already in the business which is related to above course? Yes No

(b) Size of the enterprise/business: Small scale?.....Medium?.....Large?.....

4. **MOTIVATION**

Briefly explain why you are attending this course

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5. **ACCOMMODATION**

Will you need accommodation? Yes No

6. **SPECIAL DIET**

Any special dietary requirements (Specify)

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7. **SIGNATURE OF APPLICANT:**

NB: USE THE ACCOUNT DETAILS BELOW FOR PAYMENTS:

**STANDARD CHARTERED BANK
MALL BRANCH CODE: 66-21-67
ACCOUNT NO: 0100150424100
SWIFT CODE: SHBBWGX 021**

PAYMENTS SHOULD BE DONE TWO WEEKS BEFORE THE COMMENCEMENT OF THE COURSE.