

Application Form

Broadmind Corporate Training
2nd Floor, Milimani Gardens,
Adala Otuko Road
PO Box 6032-40100, Kisumu
Tel: 254 792 120822
Email: info@broadmind.mu
Web: www.broadmind.mu

IFRS 17 Insurance Contract Accounting Workshop	17th and 18th November, 2022, Serena Hotel, Nairobi
--	---

Mr./Mrs./Ms./Miss./Dr./Prof. (Tick appropriate)	Surname of delegate	Given Name	Other names
--	---------------------	------------	-------------

National Identity Number / Passport Number:

Occupation:

Delegate Telephone:

Postal address:

Email Address:

How did you hear about this course?:

If employer/sponsor paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Employer (Over Company Stamp)
	Address:
	Telephone:
	Email:
	Authorised by:
	Authorised Signature:

Course Fee:	USD USD 2,300 (Inclusive of: Accomodation, Morning/afternoon refreshments, Lunch, Dinner, Course material and stationery)
	USD USD 1,800 (Inclusive of: Morning/afternoon refreshments, Lunch, Course material and stationery)

Payment information:
Please complete, sign and stamp this registration form and email to:
info@broadmind.mu
An invoice with payment details will be issued/emailed to you once we receive your completed registration form

Any special dietary requirements or other special needs that may impact your training experience:

I hereby confirm that the information provided above is accurate, correct and complete:

Name of delegate:

Signature:

Date:

Cancellation Policy: No cancellation accepted after registration. Another delegate may replace a non-attending delegate.