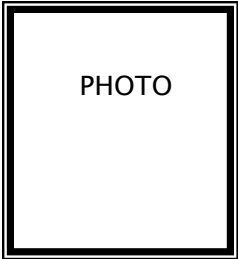


**APRACA CENTRAB
REGISTRATION FORM**



**International Program on Essential Managerial Skills
Singapore
July 1 – 3, 2019
excluding travel time**

Deadline of Nomination: June 7, 2019

(Please print your data)

1. **Full Name (As appearing in the passport):**

GIVEN NAME/FIRST NAME: _____

MIDDLE NAME: _____

SURNAME/LAST NAME : _____

NICKNAME: _____

2. Name and Complete Postal Address of Your Organization: _____

3. Designation and Department

4. Nationality : _____

5. Date of Birth Day Month Year

6. Sex Male Female

7. Educational/ Professional Qualifications: _____

8. Office Telephone No. (with ISD code): _____

9. Home Address: _____

(Home Tel No.): _____

10. Mobile No. _____ Fax No. _____

11. E-mail: _____

12. Passport No.: _____

13. Place of Issue: _____

14. Valid up to: _____

15. Place Where to Apply Visa _____

16. Food Preference (Please Check)

Vegetarian No Beef No Pork Fish Only No Restrictions

17. Brief description of current job responsibilities and years of work experience:

Please be advised that after CENTRAB's confirmation of the nomination of your officer/s to attend the program, and for any reason, the nominee cancels his/her participation, the nominating bank/institution will still be required to pay the full training fee.

Signature of the Participant

Printed Name and Signature of Authorized
Nominating Officer

