



REGISTRATION FORM

PROFESSIONAL COURSE

A PRACTICAL APPROACH TO ANTI-MONEY LAUNDERING
AND COUNTER TERRORIST FINANCING COMPLIANCE

First Name:

Surname/Family Name:

Date of Birth:

DD	MM	YYYY
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ID/Passport No. :

Nationality:

Permanent Address:

Mobile:

Email:

English Language Qualification:

Qualification:
Score or Grade:
Date taken:

Employment:

Employer Name:
Position:
Full Time - Part Time:
Dates:

Special/Dietary Requirements:

Declaration: I confirm that the information given on this form is true, complete and accurate and no information requested or other significant information has been omitted.

Signature:

Date: