



REGISTRATION FORM

Course Title :

Dates :

Venue :

Name of Organization:

Postal Address:

Tel:

Email:

Please indicate the specific course applied for

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Delegate 1

Delegate 2

Delegate 3

Delegate 4.....

Delegate 5.....

Name of Authorizing Officer:

Signature:.....**Date**.....

Official Stamp:



FTCS BANK DETAILS

Provided below are bank details, through which you may transfer funds.

ACCOUNT NAME & ADDRESS : FDH BANK PLC
 UMOYO HOUSE
 VICTORIA AVENUE
 P.O.BOX 512
 BLANTYRE
MALAWI

SERVICE CENTRE : BICC

CURRENCY TYPE : MALAWI KWACHA

BENEFICIARY'S NAME : FTCS INTERNATIONAL

BENEFICIARY'S A/C NUMBER : **1970000436294**

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