



REGISTRATION FORM

Course Title :

Dates :

Venue :

Country :

Name of Organization: _____

Postal Address: _____

Tel: _____

Email: _____

Please indicate the specific course applied for



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

BANK 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

ACCOUNT NUMBER : **1970000436294**

