### **REGISTRATION FORM**

#### **International Training on “Financial Analysis and Risk Management for**

####  **Microfinance Practitioners”**

####

#### **PERSONAL INFORMATION**

Name (in capital letter)

Date of birth (dd/mm/yyyy) Male ⬜ Female ⬜ Nationality

Passport no Place of issue

Date of issue (dd/mm/yyyy) Expiry date (dd/mm/yyyy)

Address

…………………………………………………………………………………….Country ……………………………..

Cell Number ..... Email

Education (last achieved degree only)

|  |  |  |  |
| --- | --- | --- | --- |
| Institution name | Major Subjects Studied | Degree received | Year |
|  |  |  |  |

#### **CURRENT EMPLOYMENT**

Job title or position Division / unit

Total working experience………………………………… Experience in Microfinance…………………………….

Name of the organization

Address

…………………………………………………………………………………….Country ……………………………..

Office Phone Fax Email

Main Job Responsibilities at work

Name of the Emergency Contact Person

Phone ................... Email

Address

…………………………………………………………………………………….Country ……………………………..

#### **OTHER INFORMATION**

Relevant training received in last three years (Please list name of the courses)

1. ......................................................................................... 2. .......................................................................

3. ......................................................................................... 4. .......................................................................

What is your expectation from this training programme?

#### **OPTIONAL INFORMATION (Partial Scholarship)**

If partial scholarship is required please email us detailing the proposed scholarship amount.

#### **PAYMENT INFORMATION** (payment should be made through bank transfer)

Account Name: Institute for Inclusive Finance and Development

Account No.: 0020 13100000103

Account Type: SND

Bank Name: Southeast Bank Ltd.

Branch Name: Agargaon

SWIFT: SEBDBDDHAGA

Signature of the participant ....... Date (dd/mm/yyyy)………………………………