



CENTRE FOR CORPORATE GOVERNANCE

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REGISTRATION FORM

A. Name of the Company/Institution (if applicable) _____

Email Address _____

Telephone Number _____

Physical and Postal Address _____

KRA PIN (if applicable) _____

Contact Person _____

B. Select the Programme

- 5 DAY FACE TO FACE CORPORATE GOVERNANCE TRAINING COURSE**
- 5 DAY ONLINE CORPORATE GOVERNANCE TRAINING COURSE**
- 3 DAY FACE TO FACE CHAIRPERSON'S WORKSHOPS**
- 3 DAY ONLINE CHAIRPERSON'S WORKSHOPS**
- 3 DAY FACE TO FACE TRAININGS**
- 3 DAY ONLINE TRAININGS**
- 2 DAY FACE TO FACE TRAININGS**
- 2 DAY ONLINE TRAININGS**
- 1 DAY FACE TO FACE TRAININGS**
- 1 DAY ONLINE TRAININGS**
- COMPETENCY BASED DIPLOMA COURSE**



C. 5 DAY FACE TO FACE/ ONLINE CORPORATE GOVERNANCE TRAINING COURSE

Date of commencement of the Training: _____

We nominate the following Chairman/Director/CEO/Manager/Officer for this training

Name of Nominee	Designation	Telephone

Name of Nominating Officer (if applicable) _____

Designation (if applicable) _____

Signature: _____

