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NOMINATION FORM

3-DAY AUDIT, RISK, COMPLIANCE AND GOVERNANCE TRAINING FOR AUDIT COMMITTEES TO BE HELD AT THE CCG CONFERENCE CENTRE NAIROBI, KENYA MAY 14 -16, 2018

Name of Company/Institution: _____

Physical and Postal Address: _____

Email Address: _____

Telephone Number: _____

Company's KRA PIN No: _____

Contact Person: _____

We nominate the following Directors/Managers for your 3-Day Audit, Risk, Compliance and Governance Training for Audit Committees to be held at the CCG Conference Centre, Nairobi, Kenya, May 14 -16, 2018.

NB: PLEASE ENSURE THAT NAMES ARE WRITTEN IN FULL & CORRECTLY SPELT

NAME OF CHAIRMAN/DIRECTOR/CEO/MANAGER/OFFICER	DESIGNATION

Once the Centre for Corporate Governance accepts all our nominees, we shall remit to the Centre the costs of the training course amounting to the equivalent of **KShs. 96,000.00 (US\$ 960.00)**, exclusive of 16% VAT per Participant. We do hereby confirm that the nominee(s) has/have accepted and will be available to attend and participate at the training course.

Signed:
NAME OF NOMINATING OFFICER: _____

DESIGNATION: _____

SIGNATURE: _____