



CENTRE FOR CORPORATE GOVERNANCE

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REGISTRATION FORM

14TH 3 DAY CHAIRPERSON'S WORKSHOP, JUNE 6-8, 2022, MARA SERENA, KENYA

Full Name of the Applicant:

Surname _____ **Middle Name** _____ **First Name** _____

Name of the Company/Institution (if applicable) _____

Email Address _____

Telephone Number _____

Physical and Postal Address _____

KRA PIN (if applicable) _____

Contact Person _____

We nominate the following Chairman for this training

Name of Nominee	Designation

Name of Nominating Officer (if applicable) _____

Designation (if applicable) _____