NCIA TRAINING REGISTRATION FORM



Please fill all sections in **BLOCK CAPITALS** and return your completed form to;

The Registrar/CEO

Nairobi Centre For International Arbitration Co-operative Bank House-8 th Floor Haile Sellassie Avenue P.O BOX 548-00200 NAIROBI

Tel: +254 020-222 4029 **Mob:** +254 771 293 055 **E:** training@ncia.or.ke

Course Title

PERSONAL DETAILS Surname:	First Name:	
Other names:	Title:	
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Postal Code:	Town/County:	
Mobile:	Email::	
Employer/Firm/Organization:		



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Swift Code:	KCBLKENX
Account No. (KES):	
Account No. (USD):	1181122961
Date	Receipt No

The filled form should be emailed to the Centre via training@ncia.or.ke