**REGISTRATION FORM**

Online Training Course

*KEEPING BRANCH VIGILANT*

**02 Asoj 2077**

*\*Please note that the name you give here will be printed in the participants' list and on the certificate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **MFI Name** |  | **Branch** |  |
| **Participant Name\*** |  | **Designation** |   | **M/F** |  |
| **Email 1** |  | **Phone 1** |  |
| **Email 2** |  | **Phone 2** |  |
| **Reason(s) for attending this training** |
|  |
| **Signature** | [please sign or type your name here] | **Date** |  |

NMBA reserves the right to accept or reject any or all registration form(s) and postpone or cancel the training course without assigning any reason whatsoever.

Training fee will be billed to the participant MFIs upon conclusion of the event.

*Please submit the completed form to the following address by* ***30 Bhadra 2077****:*

**Gokarna Bhandari**, Program Officer

**Nepal Microfinance Bankers' Association**, Naxal, Kathmandu-1
gbhandari@nmba.org.np; bgokarna34@gmail.com

01-4415287; 9841841045