



FORM T02-TRAINING REGISTRATION FORM

Africa Agribusiness Management Institute (AAMI)

2018

Please complete and submit this form to the Training Coordinator, MAS before course(s) registration closing date(s)

Personal Data

1. Full name: Title Mr /Mrs. /Miss
2. Date of Birth..... Sex..... ID/Passport No
3. Country..... Place of Birth..... Nationality.....
4. Present Postal Address.....
5. TelFax.....email.....
6. Home Address

7. Educational Record (Start with most recent or current institution)

<u>Educational Institution</u>	<u>Field of Study</u>	<u>Certificate</u>	<u>From - to</u>

8. Employment Record (Start with most recent or current employment)

<u>Institution /Organization</u>	<u>Position Held</u>	<u>From – to</u>	<u>General Responsibility?</u>

9. Please indicate briefly why you want to pursue the course chosen

10. How did you hear of this short course:

reference....., internet....., mail....., website....., graphic....., radio.....

11. Terms & Conditions – MAS Training Courses

A signed registration form, returned to one of MAS's offices indicates that you have read and agreed to the terms and conditions set out below:

1. Reservation for a course can only be made upon receipt of a signed training registration form and payment of the course fee.
2. Full payment for training must be made at least 7 days prior to the commencement of the course.
3. MAS reserves the right to cancel or re-schedule courses by giving 7 days notice to all our prospective participants. In the event of such cancellation and where the new schedule does not fit for prospective participant, he or she can request for 100% refund.
4. Prospective participants can cancel a course by giving 7 days' notice prior to commencement of course. In such event, MAS shall make 100% refund to client if so desire. For all cancellations effected lesser than 7 days' notification, 95% percent refunds shall be made.
5. Note, course fees include cost of training materials.

1. Prospective participant satisfied that the information provided above reflects the true identity of person. 2. Applicant certifies that he or she has thoroughly read and have understood the terms and conditions for the training program.	
Name of Prospective Participant:	
Signature:	Date:
For further information, please contact:	
Training Coordinator Africa Agribusiness Management Institute Mobile: (+233) 0249869617 / 0500209573 Email: aami.africa@gmail.com P.O. Box LG 1094, Accra. Ghana - West Africa.	Office Locations: CENCOR Venue, Plot No. 6. Indian Ocean Street, North-Dzorwulu-Accra Please visit our websites: www.aamiafrica.com www.meridianseedsgh.com

Thank you for your interest in MAS's training services

12. Payment Information

Name:	Meridian Agricultural Services - MAS
Permanent Address:	P.O. BOX LG 1094, ACCRA, GHANA
Phone:	" +233 244561416
Email:	aaron.ampofo1@gmail.com
TIN:	524V035050
Company Reg. No.:	CA-46,770
Bank Name:	FIDELITY BANK
Branch	DZORWULU BRANCH
Beneficiary's Account #:	1050405781715
Swift Code	FBLIGHAC

Vodafon Cash	719000
MTN Mobile Money	0240415609