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To be faxed to: 0112336439

 For Office Use

**Training Programme Internal Auditing Practices in the Public Sector**

**Programme Participation Confirmation Sheet**

1. Name :
2. Designation :
3. Official Address :
4. Official Contact Number :
5. Mobile Number :

I do hereby confirm that I **will / will not** attend the above programme scheduled to be held from 25.09.2018- 27.09.2018 and the course fee will be paid by my institution on or before the commencement of the programme.

………………………….. ………………………

 Signature Date

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**N.B. Please note that once you confirm your participation, you are bound to pay the course fee.**