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| **SEMINAR REGISTRATION FORM** |
| ***Seminar Date: Thursday 23 November 2023******Registration Deadline: Monday, 20 November 2023****To be completed and send back to:*Mrs Eleni Papadopoulos, Tel: +357 99515846E-mail: eleni.papadopoulou@cifs.com.cy; elkoutpap@gmail.com |
| **Seminar Title:** | ***AML Compliance for the Alternative Investment Funds’ Industry*** |
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| **Seminar Venue:** ***Eurolife House, Evrou 4, Strovolos******2003*** |
| **Date: *23 November 2023, 9.00am - 12.30pm*** |
| **Credit Institution / Other Firm’s REGISTRATION** |
| **Name:** |
| **Postal Address:** |  |
| **Postcode:** | **Town:** | **P.O. Box:** |
| **Contact Person:** |
| **Telephone:** | **Email:** |
|  |  |  |  |  |  |
| **Participant(s) Details** |
|  | **Name** | **Surname** | **E-mail** | **Mobile Number** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| **Please specify if any of the participants is a CIFS member:**………………………………………………………………………………… |
| **Signature:**  |  |
| **Date:**  |  |
| **Payment Methods:** (***payment should be made prior to the Seminar date)*** |
| [ ]  **Bank Transfer**

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| **Bank details**Account name: Cyprus Institute of Financial ServicesBank::AstroBank PLC, 1 Spyrou Kyprianou Avenue, Nicosia 1065 CyprusSWIFT / BIC: PIRBCY2NIBAN: CY03008001010000000002207904V.A.T. Reg. № 90003065X |

Invoice will be issued. Upon receipt of invoice please ensure payment specifying Invoice No. Please send the payment confirmation / receipt to: Mrs Eleni Papadopoulos Tel: +357 99515846, E-mail: eleni.papadopoulou@cifs.com.cy; elkoutpap@gmail.com |