

## **NOMINATION FORM**

TRAINING NAME:			
LOCATION:			
DATE:			
We wish to nominate the following as delega (Please fill the correct information as this info awarded at the end of the training.)			
NAME OF THE ORGANIZATION:			
CONTACT PERSON:			
EMAIL:N	MOBILE:		
KRA PIN:A	ADDRESS:		
NAME OF THE NOMINEE(S) (FULL NAME)	EMAIL ADDRESS	MOBILE NO	
Authorized by:			
Name:	Designation:		
Signature: Date:			
Please email a scanned copy of Duly filled No	mination Form to Finnet Inst	itute Limited via email a	
institute@finnettrust.com and copy info@fir			

## **FINNET INSTITUTE LIMITED**





## **TERMS AND CONDITIONS**

- Reservation: Finnet Institute Limited will reserve a training slot only upon the completion of the nomination form. This form must be submitted to confirm any reservations made via email or telephone.
- 2. **Payment:** All payments must be completed before the completion of the training session.
- 3. **Cancellations**: Any cancellations made after confirmation must be communicated in writing. Cancellations received less than one week before the training date will incur a cancellation charge of 80% of the total training fee.
- 4. **Substitutions**: Delegate substitutions are permitted at any time without incurring additional costs. To facilitate logistical arrangements, please provide details of any substitute delegates.
- 5. **Privacy and Data Protection:** We are committed to protecting your privacy. Any personal information you share with us will remain confidential and will not be disclosed to third parties. Additionally, we will add your contact details to our mailing list for future communications regarding trainings and other events related to Finnet Institute Limited.