KINANIS
LAW FIRM

ACADEMY

# Registration Form

Please save this document and **then** complete all sections

Name of Training Course / Seminar / Conference*

## AML Compliance for Corporate Service Providers, Auditors and Lawyers

Date: **18th of March 2020**

Participant Details*

Name*

Surname*

Job Title

Email*

Telephone*

## Are you a member of any of the below professional associations?*

- [ ] Cyprus Bar Association (CBA)
- [ ] CySEC
- [ ] ICPAC
- [ ] If other, please specify:

If member of CBA please insert your registration number:

## Is there any particular information you wish to share, that you believe would assist the training staff in contributing to a more successful training process?

(e.g. learning difficulties, mobility particularities)

KINANIS
LAW FIRM
ACADEMY

## Where did you hear about this event?

- [ ] Recommended by a friend / colleague
- [ ] Email
- [ ] Social Media (Facebook, LinkedIn)
- [ ] If other, please specify:

## Contact person for correspondence*

Same as Participant ☐
If other, please complete below details

Name*

Surname*

Email*

Telephone*

## Invoice Details*

Please indicate whom to invoice

☐ **Company**

If Company, please complete below:

- Company Full Name
- Company Address
- Company VAT Registration No.

☐ **Individual**

If Individual, please complete below:

- Individual Full Name
- Individual Address

KINANIS
LAW FIRM

ACADEMY

**Method of Payment:**

**Bank Transfer**

Bank details required for the transfer will be included in the invoice to be sent to you once your registration is completed.

The full amount of the participation fee should be settled prior to the commencement of the event to secure participation.

**Terms of Service***

☐ By registering to this event, I agree and accept the terms and conditions.

**Privacy Policy***

☐ I agree with the processing of my personal data according to the privacy policy. By submitting this form, you accept that your data will be securely stored and processed within our tools. Your data will be used with caution, aiming to give us a better understanding of your needs as well as helping us to reach you with relevant information.

**Subscribe to our mailing list**

☐ I would like to receive emails from Kinanis Academy regarding upcoming events.

---

* Mandatory Fields

Upon completion please forward the form by email to academy@kinanis.com