



Staad Capital
RC 870966
limited

Consultancy | Financial Advisory | Wealth Management

....creating value, adding value.

TRAINING NOMINATION FORM

Course Title: _____

Full Names of Nominee: _____
(Surname first)

Designation: _____ Department: _____

Telephone: _____

E-mail: _____

Job function/ Duties: _____

Company: _____

Address: _____

Payment details: _____

Nomination authorised by:

Name: _____

Designation: _____

Signature

Date

Payment is to be made before the scheduled programme dates, preferably in bank or certified cheques in the name of **STAAD CAPITAL LIMITED**.

Please note that the dates of open training courses are subject to confirmation.