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| ***Seminar:***  ***Dates:***  ***Venue:*** | ***Quality Assurance in Laboratory Testing***  ***26th - 30th November, 2018***  ***To be confirmed (Mombasa)*** | | | | |
| Kshs. **100,000/- Non Residential** inclusive of 16% VAT. This amount will cover lunch, morning and afternoon tea, seminar fee and stationery. | | | | | |
| **COMPANY DETAILS** | | | | | |
| Company Name: |  | | | | |
| Physical Address: |  | | | | |
| Postal Address: |  | | | | |
| Email Address: |  | | | | |
| Telephone: |  | | | | |
| **NOMINEE** | | | | | |
| Name of nominee 1: |  | Name of nominee 2: | | |  |
| Qualification: |  | Qualification: | | |  |
| Job Title: |  | Job Title: | | |  |
| Contact Number(s): |  | Contact number(s): | | |  |
| Email Address: |  | Email Address: | | |  |
| **AUTHORISATION** *(Signatory must authorized to sign on behalf of contracting organization)* | | | | | |
| Name: |  | | | *Please affix OFFICIAL STAMP* | |
| Position: |  | | |
| Contact number(s): |  | | |
| Email Address: |  | | |
| Signature & date: |  | | |
| **PAYMENT DETAILS** | | | | | |
| Account Name: | Kenya Bureau of Standards | | | | |
| Denomination: | KES | | USD | | |
| Account Number: | 0100302830600 | | 0200302830600 | | |
| SWIFT CODE: | NBKEKEN | | | | |
| Bank: | National Bank of Kenya | | | | |
| Branch: | Harambee Avenue | | | | |
| Address: | P. O. Box 41862, Nairobi. | | | | |

**(PLEASE FILL AND MAIL THIS SECTION TO THE KENYA BUREAU OF STANDARDS)** along with proof of payment not later the **20th November, 2018.**

Training Coordinator

sanyas@kebs.org Tel: +254 721 961 019