



ACLEDA-ASEAN REGIONAL MICROFINANCE CENTER



Registration Form

Tasks of Credit Officer April 08-09, 2010

Name	:	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Position	:	_____	How long	_____
E-mail	:	_____	Telephone	_____
Name	:	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Position	:	_____	How long	_____
E-mail	:	_____	Telephone	_____
Name	:	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Position	:	_____	How long	_____
E-mail	:	_____	Telephone	_____
Name	:	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Position	:	_____	How long	_____
E-mail	:	_____	Telephone	_____
Name	:	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Position	:	_____	How long	_____
E-mail	:	_____	Telephone	_____

AUTHORIZATION

Signatory must be authorized to sign on behalf of contracting organization.

Company	:	_____
Address	:	_____
Name	:	_____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Position	:	_____ E-mail _____
Signature	:	_____ Date: _____/_____/_____

Please fax this reply form to (855) 23 999 979 / 23 881 780

or E-mail to : sovanny@acledabank.com.kh

sovanne.tourt@acledabank.com.kh