

Seminar:					
Dates:					
Venue:					
•	16% VAT. This amount will cover lunc		d afternoon t	ea, seminar fee and stationery. The	
· · · · · · · · · · · · · · · · · · ·	ommodation, transport and other exp	enses.			
COMPANY DETAILS					
Company Name:					
Physical Address:					
Postal Address:					
Email Address:					
Telephone:					
NOMINEE					
Name of nominee 1:	Name of no		minee 2:		
Qualification:		Qualificatio	n:		
Job Title:	Job Title:				
Contact Number(s):	Contact nur		mber(s):		
Email Address:	Email Addre		ess:		
AUTHORISATION (Signatory must authorized to sign on behalf of contracting organization)					
Name:			Please af	fix 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/TRAINING COORDINATOR) along with proof of payment.

Tel: +254 721 961 019

Training Coordinator sanyas@kebs.org info@kebs.org