



THE KENYA INSTITUTE OF MANAGEMENT



REGISTRATION FORM

Name of the Organization

PhysicalAddress.....

P.O. BoxCode:.....City:.....

Email.....TelephoneNo.....

Name of Participant	Designation	Email	Mobile No.

Name of the Authorising Manager:..... Telephone:.....

Address:Code:.....Email:

Payment by Cheque No: Kshs

Payment details

Cheques details: In favour of the Kenya Institute of Management
 Cash Transfers: Commercial Bank of Africa – Wabera Street Branch
 Account Number: 6425720016. Swift Code CBAFKENX

MPESA PAYBILL NO. : 896600 ACCOUNT NAME : (Participant name)