SUMMER / WINTER CAMP

REGISTRATION FORM

APPLICANT'S PERSONAL INFORMATION

APPLICANTS NAME _____

GENDER ○ MALE ○ FEMALE

APPLICANTS ID _____

PHYSICAL ADDRESS _____

CONTACT / PHONE _____

E-MAIL ADDRESS _____

NEXT OF KIN NAME _____ ○ CONTACT

NEXT OF KIN ADDRESS _____

SPECIAL MEDICAL CONDITIONS _____

BUSINESS INFORMATION

APPLICANT'S POSITION _____

COMPANY NAME _____

INDUSTRY / SECTOR _____

BUSINESS ADDRESS _____

BUSINESS EMAIL _____

SERVICE INFORMATION

SERVICE NAME _____

PAYMENT DETAIL ○ RTGS ○ NOSTRO ○ CASH AMOUNT PAYABLE _____

VAT NUMBER _____

PROOF OF PAYMENT / REFFERENCE NUMBER _____

BANKING DETAILS

NMB BANK SOUTHERTON BRANCH
ACCOUNT NAME : e-Byte Training & Consultancy
ACCOUNT NUMBER : 0000310157953

0772569226 | 0714812130
ebytetraining@gmail.com

SUMMER / WINTER CAMP

REGISTRATION FORM

DECLARATION & CONSENT FORM

I DECLARE THAT :

- ○ The information I have provided is true and correct.
- ○ I am authorised to register on behalf of my business or the people listed. (Skip if registering for yourself.)
- ○ I and all attendees have read and agreed to the camp rules and code of conduct.
- ○ I will use the skills learned for ethical and legal purposes only, and will not access or test any system without written permission.
- ○ I understand that breaking these rules may lead to removal from the camp without refund.

I CONSENT TO :

- ○ I consent to my personal or business information being used for camp registration and communication.
- ○ I agree to receive updates by email, SMS or WhatsApp.
- ○ I consent to photos and videos of me or my attendees being used for camp promotion.
- ○ Everyone I am registering has agreed to their details being shared with the camp.

APPLICANTS FULL NAME _____

REGISTERING AS ○ Individual ○ Organisation

POSITION / TITLE _____

BUSINESS / ORGANISATION NAME _____

APPLICANT'S SIGNATURE _____

DATE _____

MANAGER'S SIGNATURE(e-Byte) _____

DATE(e-Byte) _____

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