**TTCUDIF’S TRAINING PROGRAMME**

**Friday December 07, 2018**

**REGISTRATION FORM**



**Credit Union:**

|  |  |
| --- | --- |
| **Name of Participants** | **Title** |
| **1.** |  |
| **2** |  |
| **3** |  |

**Note: kindly forward Registration Form by Fax No. 672-2133**

 **or Email to: mail @stabfundtt.com**

**Deadline: Friday November 30, 2018**

**Signature Credit Union Stamp**