



Institute of Certified Administrators
Skills for Excellence

TRAINING REGISTRATION FORM

Please fill in your details by typing on this form. Write your names as it should appear on the certificate. Print the completed form and sign it. Scan the form and mail it to info@ica.ke

Bank Deposit:

Deposit the amount required for the training applied for into our bank account;

Bank Name : KCB Bank (Kenya)

A/C Name : Institute of Certified Administrators,

A/C No. : 1200097343, Moi Avenue Branch .

Indicate the **Name, Identification Number and Phone Number** of the person **attending** training on top of the bank deposit slip, or the office contact person.

Complete this form, scan it together with the above **bank slip** and **email** it to info@ica.ke

M-Pesa Payments

Sent the amount required for the training applied for on Pay Bill to;

Mpesa Business Number: 163746

Account Number: National ID Number

Complete this form while indicating the **M-Pesa reference number** in the form, scan and email it to info@ica.ke

NITA registered employers

NITA registered employers are advised to contact the authority at least one month in advance before the actual training date to seek for training approval and refund arrangements.

The employer shall complete the attached form indicating details of the nominated employees while attaching a bank deposit slip in the manner explained above. Payments made should cover for the training fees for employee(s) indicated in the form.

The duly filled form should be scanned and emailed to info@ica.ke

Original application forms and bank deposit slips	Return to: Institute of Certified Administrators, Agip House, Wing A, Off Haile Selassie Avenue P. O. Box 8043-00100 Nairobi Tel: 020 2000541 Cell: 0777200541
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YOU MAY PHOTOCOPY THIS FORM



TRAINING APPLICATION DETAILS

(Please print name as it should appear on Certificate)

Course Title: _____ Course Code: _____

Course Date(s): _____ Venue: _____

Name: _____ ID No. #: _____

Email address: _____ Phone #: _____

Highest Academic Qualification: _____

Field of Study: _____ Year of Graduation: _____

PAYMENT DETAILS

Training Fees paid by: _____

Amount Paid: _____ Bank/M-Pesa? _____

Bank or M-Pesa Transaction Code: _____

EMPLOYER DETAILS

Employer (If applicable): _____

NITA Registered? Yes No If Yes, indicate reg. # _____

Department: _____

Position _____

Work Address: _____

Work E-mail Address: _____

Name & Title of Immediate Supervisor (If applicable):

Authorizing Signature of Supervisor (If applicable): _____

To help us keep catalogue printing and distribution expenses at a minimum, please indicate below how you prefer to receive future copies of the Training Opportunities Catalogues:

Internet/Website E-mail Printed copy by mail/messenger service

APPLICANT'S SIGNATURE: _____

I have attached proof of payment for this event.

I need assistance in hotel room reservation.