

REGISTRATION FORM

To register for the **Certified Chief Risk Officer (CCRO)** training programme, please complete this form and email it back to us on: info@irmza.org.

All fields are mandatory.

Section A – Your Organisation

Name of Organisation:	
Contact Person:	Job Title:
Email Address:	Contact Number:

Section B - Participant Details

Name of Participants	Job Title	Email Address
1.		
2.		
3.		
4.		
5.		

Authorised by:.....

Designation:.....

Signature:.....

Date:.....

***Note: An invoice will only be issued on receipt of this form.*