

## Registration Form

### Personal Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Corporate Details

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Industry: Financial Institution  Designated Non-Financial Institution  SRO   
Government Agency  Vendor  Other

### Training Session

Choose which of the concurrent training sessions you wish to attend:

- Session A: AML/CFT Compliance Challenges in the Insurance Sector
- Session B: Monitoring for AML/CFT Compliance in the Stock Market
- Session C: Improving Reporting Levels
- Session D: Developing Appropriate Strategies for Effective AML/CFT Compliance

Please, complete and return to the Central Organising Committee of the 3rd AML/CFT Compliance Stakeholders Summit on or before 25<sup>th</sup> March, 2009

Central Organising Committee  
c/o Nigerian Financial Intelligence Unit  
12 Ibrahim Taiwo Street, Aso-Rock Villa, Abuja