



Investment Facilitation Summit Republic of the Congo Brazzaville REGISTRATION FORM



SECTION A – PERSONAL DETAILS

This section **MUST** be filled-in in **FULL** and in **CAPITAL** Letters

Legal Full Name (as it appears on your passport): _____

Date of Birth (DD/MM/YYYY): ____ / ____ / ____ Gender (M/F) _____

Country of origin and Passport: _____ Passport Number: _____

Passport validity – From: ____ / ____ / ____ To: ____ / ____ / ____

Contacts details - Tel/Email/Web: _____

SECTION B - EMERGENCY CONTACT INFORMATION

(Please indicate below the names and contact details of persons to contact in case of emergency).

Names of Emergency contact person(s): _____

Contacts details - Tel. _____ Email: _____

Relationship to you: _____

SECTION C – YOUR COMPANY / INTEREST AREA

(Please indicate your company's interest area or areas; e.g. agriculture, farming, fishing, construction, etc.)

SECTION D – REQUEST FOR APPOINTMENT

(Please indicate below if you would request any official appointment with any specific government Official in Congo)

SECTION E – DIETARY INFORMATION

(Please indicate below any dietary requirements or eating habits you would like to be considered during your stay in Congo)

SECTION F – PARTICIPATION FEES

The participation to the Investment Facilitation Summit of Congo Brazzaville is subject to a fee of \$1,000.00 per delegate.

Registration Fee's 1,000.00 USD per Delegate
Please tick.

Please make payment onto the account in this section

Account name	: Jill Development Consultancy Ltd
Bank Name	: Barclays Bank
Sort Code	: 20-89-56
Account No.	: 70435287
Swift code or IBAN	: GB65BARC20895670435287

SECTION G - SIGNATURE

By filling in and signing this registration form, you or your organisation agree to participate actively in the Investment Summit of Congo Brazzaville. The organising team endeavours to facilitate meeting and/or appointment with government officials and/or other key officials you may wish to discuss your specific investments needs in a more formal way.

Name / name of Official: _____ Signature : _____ Date : ____ / ____ / ____

Person authorised to sign this form
on behalf of your organisation/Company

SECTION H – CONFIRMATION OF YOUR REGISTRATION

Your participation will be confirmed upon receipt of your registration form. Please fill in this form and return it via Email to either of the emails below:

Email: mirembeolivia@aol.co.uk

or

Email: viceconsul.congouk@gmail.com