



**Anti-Money Laundering/Countering the Financing of Terrorism Training Workshop  
For Banks and Money Service Businesses**

PARTICIPANT'S INFORMATION SHEET

*(Please fill-up all blank spaces. Write legibly in CAPITAL LETTERS)*

SELECTED DATE AND PLACE OF TRAINING			
SURNAME		MALE: <input type="checkbox"/>	FEMALE: <input type="checkbox"/>
FIRST NAME			
MIDDLE NAME			
HOME ADDRESS			
POSITION			
TEL. NO. (Residential)			
MOBILE NO.			

BUSINESS/COMPANY NAME

BUSINESS/COMPANY ADDRESS

OFFICE TEL. NO./EMAIL ADDRESS

NATURE OF BUSINESS *(Please check appropriate box)*

- PAWNSHOP
- REMITTANCE AGENT
- FX DEALERS/MONEY CHANGERS
- BANKS
- OTHERS

DATE AND PLACE OF TRAININGS *(Please check only one)*

- |  |  |   |
|--|--|---|
| <b>ILOCOS NORTE:</b>                     | <b>CEBU CITY:</b>                        | <b>DAVAO CITY:</b>                        |
| <input type="checkbox"/> 13 October 2017 | <input type="checkbox"/> 27 October 2017 | <input type="checkbox"/> 17 November 2017 |
| <input type="checkbox"/> 14 October 2017 | <input type="checkbox"/> 28 October 2017 | <input type="checkbox"/> 18 November 2017 |

\_\_\_\_\_  
Signature



**Anti-Money Laundering/Countering the Financing of Terrorism Training Workshop  
For Banks and Money Service Businesses**

PARTICIPANT'S INFORMATION SHEET

*(Please fill-up all blank spaces. Write legibly in CAPITAL LETTERS)*

SELECTED DATE AND PLACE OF TRAINING			
SURNAME		MALE: <input type="checkbox"/>	FEMALE: <input type="checkbox"/>
FIRST NAME			
MIDDLE NAME			
HOME ADDRESS			
POSITION			
TEL. NO. (Residential)			
MOBILE NO.			

BUSINESS/COMPANY NAME

BUSINESS/COMPANY ADDRESS

OFFICE TEL. NO./EMAIL ADDRESS

NATURE OF BUSINESS *(Please check appropriate box)*

- PAWNSHOP
- REMITTANCE AGENT
- FX DEALERS/MONEY CHANGERS
- BANKS
- OTHERS

DATE AND PLACE OF TRAININGS *(Please check only one)*

- |  |  |   |
|--|--|---|
| <b>ILOCOS NORTE:</b>                     | <b>CEBU CITY:</b>                        | <b>DAVAO CITY:</b>                        |
| <input type="checkbox"/> 13 October 2017 | <input type="checkbox"/> 27 October 2017 | <input type="checkbox"/> 17 November 2017 |
| <input type="checkbox"/> 14 October 2017 | <input type="checkbox"/> 28 October 2017 | <input type="checkbox"/> 18 November 2017 |

\_\_\_\_\_  
Signature