REGISTRATION FORM

TRAINING ON : GROWTH STRATEGIES FOR MICROFINANCE INSTITUTIONS

Kigali, Rwanda | November 12–14, 2025

Name of Candidate: .....

Year of Attendance: .....

Sex: Male ☐ Female ☐

Date of Birth: .....

Mailing Address (Business): .....

Country: .....City: .....Street: .....

P.O.Box: .....

Tel :.....(office), ...(cell/mobile) .....

Fax: .....

Email: .....(office) .....(personal) .....

Name of Institution: .....

Present Position: .....

Number of Years in this Position: .....

Main Responsibilities: .....

Number of Years in Microfinance: .....

Academic Qualification: .....

Year of Graduation: .....

Area of Study: .....

Language Proficiency: (Fluent in English ☐ Yes ☐ No)

Computer Literate ☐ Yes ☐ No

Signature: ..... Date: .....

Authorized by (Name): ..... Position: .....

Tel: .....Email: .....

Signature: ..... Date: .....