

To : CIIF Secretariat (Fax no. : 2523 7283)

Briefing Session on CIIF 17th Batch Application

Enrollment Form

Our organisation _____(Name) would like to attend the briefing session and enroll for the following participant(s):

Name of participants	Position	Contact no.	Fax no.

*** Remark : CIIF Secretariat will confirm the attendee list of your organization three days before the briefing.**