## Our Business is Keeping You in Business

## **Enrolment Confirmation**



	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Programme	Details
PECB Ceritified ISO/ IEC 27001 Lead Implementer	Organization Name:
	Postal address:
Date: 24th - 28th February 2020	Tel:
Venue: ContinuityMauritius, Birger Technology Operation Centre, Phoenix	Fax:
Fee: Rs 65,000 per delegate	Vat Number:
General	Booking made by:
* The facilitator is a Certified PECB Trainer with years of experience.	Email:
* Fees include lunch, tea/coffee breaks, refreshments,course documentation and Exam fee.	Mobile:
* All delegates will receive a certificate of attendance	Office:
* Courses will commence at approximately 08h 30 and conclude approximately 16h 30 daily.	Job Title:
	Purchase Order No:
Terms and Conditions	Delegate1:
* Payment can be made via electronic transfer deposit into the ContinuityMauritius bank account validated by a faxed or scanned copy of the transaction slip.	Title:
	First Name:
	Surname:
* No credit or refund will be given to the delegates who do not attend without giving prior notice.	Job Title:
	Mobile and Office :
Cancellations, Postponements and Substitutions	Email:
* Delegates may send a substitute delegate provided ContinuityMauritius has received such a notice in writing at least two days before the programme starts.	Dietary Requirements:
	Delegate2:
	Title:
* ContinuityMauritius reserves the right to cancel or postpone a programme at any time given circumstances beyond its control or if the workshop is under-subscribed and consequently	First Name:
delegate's payments will be accredited to a future rescheduled programme.	Surname:
* This credit will be valid for up to one year from the date of issuance.	Job Title:
* No refunds will be made and ContinuityMauritius shall assume no liability whatsoever in the	Mobile and Office :
event a programme is cancelled or rescheduled.	Email:
* However, a 100% refund will be given should ContinuityMauritius cancel a programme indefinitely, and no other alternative date(s) is provided within the one year validation period.	Dietary Requirements:
	Delegate3:
	Title:
Confirmation	First Name:
We have taken notice of the above terms and conditions.	Surname:
	Job Title:
We, hereby confirm the participation of the	Mobile and Office :
delegate/s listed in this form.	Email:
	Dietary Requirements:
	Banking Details
	Bank Name: Bank One
Email to : info@continuitymauritius.com	Account Name: ContinuityMauritius Co. Ltd
Tel: + 230 403 6800	Account Number: 03181060227
Fax: + 230 489 2832	