

# REGISTRATION FORM

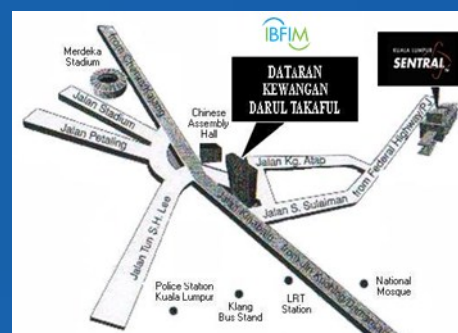


**ONLY RM 1150  
PER PERSON**

| A. PARTICIPANT DETAILS (This is an editable form. You may fill up the fields and send back to us at event@ibfim.com) |                                                                                                  | FEE (RM)                                                                                                                                                                                                                                                                                                                                        |       |                            |         |                |         |                 |          |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------|---------|----------------|---------|-----------------|----------|--------------------------------------------------------------------------------------------------|
| 1 <sup>st</sup> Participant:                                                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Designation:                                                                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| 2 <sup>nd</sup> Participant:                                                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Designation:                                                                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| 3 <sup>rd</sup> Participant:                                                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Designation:                                                                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| 4 <sup>th</sup> Participant:                                                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Designation:                                                                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| <b>TOTAL</b>                                                                                                         |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| <b>B. CONTACT/ AUTHORISED PERSON</b>                                                                                 |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Name                                                                                                                 |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Designation                                                                                                          |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Company                                                                                                              |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Address                                                                                                              |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Telephone                                                                                                            |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Fax                                                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| E-mail                                                                                                               |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| <b>C. PAYMENT (tick [✓] where applicable)</b>                                                                        |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| <input type="checkbox"/>                                                                                             | I enclose a cheque / bank draft made payable to "IBFIM"                                          | Cheque no:<br>.....                                                                                                                                                                                                                                                                                                                             |       |                            |         |                |         |                 |          |                                                                                                  |
| <input type="checkbox"/>                                                                                             | Telegraphic / Wire Transfer to the following account:                                            | <table border="0"> <tr> <td>Bank:</td> <td>Bank Islam Malaysia Berhad</td> </tr> <tr> <td>A/C no:</td> <td>14014010136301</td> </tr> <tr> <td>Branch:</td> <td>Jalan Raja Laut</td> </tr> <tr> <td>Address:</td> <td>Ground Floor &amp; Plaza, Menara Tun Razak<br/>Jalan Raja Laut, P. O. Box 11080<br/>50134 Kuala Lumpur</td> </tr> </table> | Bank: | Bank Islam Malaysia Berhad | A/C no: | 14014010136301 | Branch: | Jalan Raja Laut | Address: | Ground Floor & Plaza, Menara Tun Razak<br>Jalan Raja Laut, P. O. Box 11080<br>50134 Kuala Lumpur |
| Bank:                                                                                                                | Bank Islam Malaysia Berhad                                                                       |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| A/C no:                                                                                                              | 14014010136301                                                                                   |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Branch:                                                                                                              | Jalan Raja Laut                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |
| Address:                                                                                                             | Ground Floor & Plaza, Menara Tun Razak<br>Jalan Raja Laut, P. O. Box 11080<br>50134 Kuala Lumpur |                                                                                                                                                                                                                                                                                                                                                 |       |                            |         |                |         |                 |          |                                                                                                  |

## Term :

Registration is on a first come, first served basis. Confirmation is subject to payment before the programme. Walk in participants will be admitted upon the availability of space. The organisers reserve the right to make changes to the program, speakers, dates, venue, etc, without prior notice. Any changes will be informed via email to the contact person soon as possible. Cancellation is not allowed after acceptance of registration but substitute participants are permitted if notification is done in writing two weeks before the programme.



For more information, please contact the Secretariat at :

Mr. Khairul Anuar / Ms. Zurainah

Tel : +603 2031 1010 Fax : +603 2031 9191 Email : event@ibfim.com