**OHADA BUSINESS SCHOOL**

OHADA AT SERVICE OF ECONOMIC AND ENTREPRISE / EFFICIENCY AND COMPETITIVENESS

**APPRIOPRIATION OF THE OHADA LAW BY ENGLISH SPEAKING JUDICAL AND EXTRA JUDICAL ACTORS**

TRAINING REGISTRATION FORM

Tick on the correct box

**FILLED FORM TO BE RETURNED**

* By email: oapa.abs2016@gmail.com

**SELECTED TRAINING PERIODS (See training offered below)**

|  |  |  |
| --- | --- | --- |
| **TRAINING MODULE**  | **YOUR PROFILE** | **YOUR AVAILABILITY** * March
* April
* July
* October
 |
|  |  |  |
|  |  |  |

**PARTICIPANT’S INFORMATIONS**

Mr/Mrs / Mss …………………………………………………………………………………………………………………………

Surname(s) ……………………….………….…………………………………………………………………………………………

First name(s) …………………….………….…………………………………………………………………………………………

Tél ……………………………..…….………….…………………………………………………………………………………………

Fix ……………………………..…….………….…………………………………………………………………………………………

Mobile ………………………..…….………….…………………………………………………………………………………………

Email (obligatory) ………..…….………….………………………………………………………………………………………..

Profession ….………………………………………………………………………………………..

Course Role : ….……………………………………………………………………………………

Are you the Manager of a firm ? YES NO

Are you a salary earner ? YES NO

Entreprise information :

Company Institution

Association

Adress: ………..…….………….………………………………………………………………………………………..………………

Email : ………..…….………….………………………………………………………………………………………..………………

Tél: ………..…….………….……………………………………………………………………………….……………..………………

Are you a job seeker ? YES NO

Are you an intern YES NO

Adress: ………..…….………….……………………………………………………………………………….……………..…………

Invoice address? YES NO

Social insurance N°: ..…….………….………………………………………….………………………….……………..…………

Specialized fund : ..…….…….……….………………………………………….………………………….……………..…………

Financing and mode of payment .………………………………………….………………………….……………..………..

Training cost amounts to FCFA /HT :

* **1 person : 750 000**
* **5 people : 3 000 000**
* **10 people : 5 000 000**
* **+ than 10 people : negociable**

I am undergoing this training session(s) in the context of continuous vocational training and to this effect I’am entitled to benefit from a vat exemption.

What funding (s) are you applying for ? (tick on the following box)

Self-financing

Entreprise Sponsorship

FNE

MINJUSTICE

MINFI

MINEPAT

MINEFOP

CBF

GICAM

CCIMA

OHADA

GICAM

FEICOM

AUTRES

COMMONWEAL TH

Development Partners

What will be your mode of payment ?

By check payable to the African Bussiness Climate Survey (ABCS/OPA)/

Bank account number : 05169001001 / Afriland First Bank

By transfer with the invoice number

By a collecting agency : Orange Money / MTN Mobile Money

Specify :

Others : to be precised …………………………………………………………………………………………………………….

Documents to be furnished

To know you more

Do you have an official document which attests of your quality as a judicial and an extra judicial actor?

If yes which …………………………………………………………………………………………………………………………….

Date obtained …………………………………………………………………………………………………………………………

**DESCRIBE IN A FEW LINES DIFFICULTIES ENCOUNTERS IN RELATION TO YOUR ACTIVITIES IN THE PRACTICE OF OHDA LAW**

|  |
| --- |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**WHAT ARE YOUR EXPECTATIONS (IN RELATION TO THE TRAINING)**

|  |
| --- |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

Date, signature and stamp :

Download the registration form: **Web**: [www.oapa-abcs.org](http://www.oapa-abcs.org)

I the undersigned Mr/Mrs/Mss ……………………………………………………………………………………………….

Hereby attest and confirm that all information given in this document are accurate.

Done at …………………………………… this …………………… day of ………………………… 201………………

Signature ……………………………………………………………………………..

**Contacts**

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