



ICLP SHORT COURSE ON

Personal Information (PLEASE WRITE IN BLOCK CAPITALS)

1. Surname/Family Name

First Name(s)/Given Name(s)

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2. Title

Mr.

Mrs.

Ms.

Other

3. Address

Residence

Official

4. Telephone Number

Mobile _____

Home _____

5. Email Address _____

6. Profession _____

Signature

Date

Please send the application to-

**Programme Officer, Institute for the Development of Commercial Law and Practice, No.53/1,
Ananda Coomaraswamy Mw, Colombo 07.**

