



HOUSE OF TRAINING



Application Form

Risk Management Excellence in Microfinance

Luxembourg, November 18th to 22nd, 2019

Please send this form to tisiana.baguet@houseoftraining.lu by September 3rd, 2019.

A selection will be made by the partners based on the profiles of the candidates / size of the organisations (19 available seats).

Personal details			
Mr / Ms / Mrs	First and LAST NAME		
Date of birth		Nationality	
Do you need a visa invitation?	YES	NO	
Passport n°		Valid until	
Organisation			
Position			
Department or Unit			
Functions occupied in the last 5 years			
Personal background in Risk Management			
Diploma			
Complete Physical Address of the Organisation			
E-Mail			
Phone		Mobile	
Organisation Data			
# Total Balance Sheet (EUR)			
# Total Active Customers			
# Staff			
Risk Management or ALCO Committee	YES	NO	
Risk Management or ALM Department	YES	NO	
If yes, # of staff employed			
If no, expected on (date)			

Please, join the last available financial statement of your organisation to the application form.

I herewith submit my application for the workshop 2019 "Risk Management Excellence in Microfinance" and confirm that I have read and understood my contractual obligations as stated in the practical details.

Date, place and signature

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