



All Security Network

REGISTRATION FORM

ASN PRIVATE SECURITY TRAINING CENTRE

PROFESSIONAL SECURITY TRAINERS TRAINING

Licensing N° 0000476/MINEFOP/SG/DFOP/SDGSF/CSACD/CBAC of 19/November 2021

Session: August 2022

Dates: 2022, 01st to 05th August

COMPANY

Company name:

Address :

PO BOX : Town :

Phone : Fax :

Email : Staff to be trained:

Name of the person in charge:

Fonction :

Phone :

Date : Signature & Stamp:

INDIVIDUAL ATTENDANT

Name: Mrs. Ms. Mr.

Fonction:

Experience in the position : Town :

Phone : Fax :

Email :

Date of birth: ID Card N°:

Date: Participant Signature:

INFORMATION AND PARTICULAR CONDITIONS

Attach to the form:

- ▶ Prove of payment
- ▶ Extract from the judicial record;
- ▶ A photocopy of the NIC;
- ▶ A map of the location;
- ▶ A justification of the university degree;
- ▶ A justification of the professional experience;
- ▶ A commitment on the honor which attests that the knowledge acquired during the training will be used only for professional purposes

PAYMENT

- ▶ **ACCOUNT NUMBER** : ALL SECURITY NETWORK SARL, 10039 10034 00262045401 36 – CCA BANK CAMEROUN,
- ▶ **MTN MOBILE MONEY** : 679 59 36 32 – SAYO NKOU DJA DONALD
- ▶ **ORANGE MONEY** : 697 49 17 27 – MUNAKWA FOCHAM Mardochee
- ▶ **MONEYGRAM** : DJEU FACK GUE FACK SANDRINE NADEGE, Tel : 651 16 26 85, DOUALA CAMEROUN
- ▶ **WESTERN UNION** : DJEU FACK GUE FACK SANDRINE NADEGE, Tel : 651 16 26 85, DOUALA CAMEROUN

To be returned by mail before July 25, 2022 at the following addresses: m.munakwa@munagroup.org or sandrine.djeufack@munagroup.org or infos@munagroup.org

