Registration Form for Seminar on Hong Kong Money Laundering and Terrorist Financing Risk Assessment Report

Name of AI:	

Contact person: _____ Telephone no: _____

Email: _____

Nomination:

Name of Representative	**Title**

Note:

1. Registration will start at 2:10 p.m.
2. The personal data supplied will be used solely for the purposes related to the captioned seminar, and will be destroyed when no longer required for these purposes.