



APPLICATION FORM TO REGISTER FOR A CED AFRICA PROGRAMME

COURSE : ----- SEMINAR : ----- CONFERENCE : -----

FAMILY NAME : -----

SURNAME : -----

SEX : -----

NATIONALITY : -----

PRESENT OCCUPATION : -----

NUMBER OF YEARS OF PROFESSIONAL EXPERIENCES : -----

LAST DEGREE OBTAINED : -----

TITLE OF CHOSEN PROGRAMME : -----

DESIRED PERIOD : -----

MOTIVATION : -----

SPONSORSHIP : SELF : ----- ORGANISATION : ----- OTHER : -----

NAME – ADDRESS -TEL. - E-MAIL SPONSOR : -----

MODE OF PAYMENT : CASH : ----- CHEQUE : ----- BANK TRANSFER : -----

(NB : All payments are made to the order of CED AFRICA)

IBAN : SN08SN1750140104533990190114 – Code BIC : ORBKSNDA

Orabank Agence Principale – 40, Avenue Jean Jaurès x Carnot – BP 14634 Dakar-Peytavin, Dakar - Sénégal

TEL. MOB. : ----- WHATSAPP : ----- PHONE : -----

E-MAIL : -----

ADDRESS : -----

PARTICIPANT SIGNATURE :

SIGNATURE AND STAMP OF SPONSOR :

Liberté 6 Extension, Cité Libasse NIANG/SONATEL 2, Villa N° 12, BP 12997 Dakar-Colobane, DAKAR/SENEGAL
Tél : 00 221 77 637 96 58 – 00 221 77 631 49 72 **E-mail :** cedafrica@cedafrica.net **Site Web :** cedafrica.net
RCCM : SN.DKR.2023.A.11523 **NINEA :** 010146555 **IBAN :** SN08SN1750140104533990190114 - Orabank