

IBA DISPUTE RESOLUTION FORUM

REGISTRATION FORM

Please note:

- **This application is composed of two parts.** The application will be reviewed once it is fully completed.
- **Part 1** is to be completed by a sponsoring official and **Part 2** by the applicant(s).
- Copy **Part 2**(Page 2&3) for more applicants.

Please indicate the Program:	Civil/Commercial Mediation Online Training Program
Date of the Program:	December 7-11, 2020
Number of Participants Nominated:	

PART 1-To be completed by Sponsoring Officer (E.g. CEO, HR Head, T&D Head, L&D etc.)

Sponsoring Officer Details	
Name of sponsoring person	
Designation	
Department	
Organization	
Business Address	
NTN Number	
Telephone	
Fax	
Mobile	
E-mail	

Signature & Stamp of Sponsoring Official: _____ **Date:** _____

Please Attach
Two Recent
(1x1) Photographs

PART 2- Personal Application Form

Please fill all sections. Make sure correct name spellings for certificates.

Participant Details							
Title: (Mr., Ms., Dr., etc.)							
First Name (BLOCK CAPITAL)							
Last Name (BLOCK CAPITAL)							
CNIC #							
Date of Birth (DD/MM/YEAR)							
Last Degree/Qualification							
Present Designation							
Present Department							
Present Organization							
Preferred Email							
Mobile Number							
Postal Address							
IBA Alumni	No		Yes		If Yes, Batch		Program
IBA Mediation Alumni	No		Yes		If Yes, Year		

Your Functional Areas: (Please X the relevant box)

1. L&D	
2. Finance/Control/Accounting/Audit/ Treasury	
3. Sales/Distribution/Marketing/Advertising/PR	
4. Human Resource & Administration/ Learning & Development/Trainings	
5. Manufacturing/Production/Technical	
6. Logistics/Supply Chain Management	
7. Technology/Knowledge Management	
8. Consulting/Legal/Arbitration/Mediation	
9. General management	
10. Education management/ Teacher/Trainer	
Other functional management (Please specify)	

How did you hear about the program?

<input type="checkbox"/>	Senior Official
<input type="checkbox"/>	Colleague
<input type="checkbox"/>	Human Resources Department
<input type="checkbox"/>	Through Email
<input type="checkbox"/>	Word of mouth
<input type="checkbox"/>	Social Networks
<input type="checkbox"/>	IBA's website
<input type="checkbox"/>	Advertisement (Please specify the publication) _____

Other (Please specify) _____

Fee Details:

Fee can be submitted through:

- Pay Order in favor of "IBA Karachi"
 - Pay order can be made from any branch of any bank.** {Pay Order will be received at IBA City Campus from 10 am to 3 pm. Please follow the COVID-19 SOP while visiting campus}
- Deposit the cash/online transfer in the following Meezan Bank Limited Account:
 - Account Title: IBA Karachi | A/c Number: 9911-0101960067
 - Bank Name: Meezan Bank Limited | Branch: Jubilee Market Branch
 - Branch Code: 9911 | Currency: PKR | SWIFT Code: MEZNPKKA
 - Bank Address: Meezan Bank Ltd, Jubilee Market Branch, Karachi
 - IBAN # PK 43 MEZN 00 9911 0101960067 | Branch License #: BRL 21250

Fee per person (PKR)	
Number of Participants	
Total Fee (PKR)	

Payment Method (Tick the relevant option & provide details):

<input checked="" type="checkbox"/>	<u>Payment Options</u>	<u>Invoice#/PO#/Bank Receipt</u>	<u>Stamp Date</u>
<input type="checkbox"/>	Invoice		
<input type="checkbox"/>	Pay Order		
<input type="checkbox"/>	Online Payment in Meezan Bank Limited		

Note: Fee is not acceptable in cash or cheque at our office.

IBA reserves the right for cancellation of any workshop in case of contingency. Please note that the registration is limited on first come first serve basis, therefore, confirm your registration **5 days before the workshop.**

IBA being an educational institution is exempt from tax under Clause 92, Part 1 Second Schedule, of Income Tax Ordinance 2001. Tax exemption certificate and NTN # is available at <http://iba.edu.pk/finance.php>

Cancellation Policy:

Cancellation charges are as follows

5 days before start of workshop	No Cancellation Charges
Within 4 days prior to workshop	50% of the program charges
1 day prior to workshop	100% of the program charges
During the workshop	No refund

Note:

Full attendance is compulsory for awarding of certificate.

Applicant's / Organization Representative Signature: _____

Date: _____

The completed Application Form can be either attached to an email and sent to drf@iba.edu.pk or printed and posted/delivered to office address:

IBA DISPUTE RESOLUTION FORUM
Center for Executive Education, Institute of Business Administration,
City Campus: Office # 21, 1st Floor, Towfique Chinoy Administration Block.
Garden/Kayani Shaheed Road, Karachi, Pakistan

For more information, please visit our website: <https://sdp.iba.edu.pk/iba-drf.php> or contact us

Contact: Center for Executive Education, Institute of Business Administration,
City Campus, Garden/Kayani Shaheed Road, Karachi, Pakistan.

Tel: (021) 38104700 | (Ext: 1801, 1811, 1813, & 1541)

Fax: (021) 38103008

Email: drf@iba.edu.pk

Website: <http://sdp.iba.edu.pk/iba-drf.php>

Facebook: <https://www.facebook.com/IBADRF/>

LinkedIn: <http://www.linkedin.com/in/ibabesdp/>