

ENROLMENT FORM



COURSE NAME -

ATTN: Chairman
Sri Lanka Foundation
Sri Lanka Padanama Mawatha
100 Independence square
Colombo 07

Email: edu@slf.lk
Fax: 0112691028 / 0112679686
Tel: 0113071794 / 0112687506

We have the pleasure in nominating the following representatives to be registered for the above course.

ORGANIZATION :

ADDRESS :

CONTACT PERSON : **T.P / MOBILE:**

FAX NO. : **E-MAIL :**

	NAME	DESIGNATION	CONTACT NUMBER
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Payment should be made directly to Finance Division of the Sri Lanka Foundation or Cash/ Cheque should be deposited in favor of "Sri Lanka Foundation" Account No. 2323066, Bank of Ceylon, Independence Square Branch.

Name.....
 Designation:

Authorized Signature.....
 Date: