

Please complete the registration form and send to enquiries@cip-cn.com.

*Please note that the registration form MUST be completed in English. Please note that the information provided in your registration is strictly confidential. Capital Dynamics Investment Management and Advisory (Shanghai) Co Ltd (hereinafter referred as "Organiser") or Capital Dynamics Group as a whole (hereinafter referred as "CD Group") reserves the right to modify the Programme details including but not limited to Programme dates, locations and fees at any time.

1. TYPE OF REGISTRATION

Individual Group - Total number of registrants: _____

**Each registrant must fill out a separate registration form.*

2. PERSONAL INFORMATION

Full Name: _____ Passport: _____
(as per passport)

Place of Birth : _____ Date of Birth: _____ Gender: _____
(as per passport)

Mobile: _____ Email: _____

Address Line 1: _____

Address Line 2: _____

City: _____ Country: _____

State: _____ Postal Code/Zip: _____

Designation: _____

Organisation: _____

Principal Activity: _____

Organisation's Website: _____
(If applicable)

Dietary Requirement: _____

Are you a client of Capital Dynamics?
(Please indicate which product/s)

		Yes	No
<input type="checkbox"/> i Capital Global Fund	Do you require a China visa?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> i Capital China Fund	Do you require a visa letter?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> i Capital International Value Fund	Is this your first visit to China?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> iCapital.biz Berhad	Do you speak Mandarin?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> i Capital newsletter (Digital/Print)			
<input type="checkbox"/> Discretionary Account (Malaysia/Singapore/Hong Kong)			

3. BILLING INFORMATION

Please indicate in whose name the invoice for the Programme fee should be issued.

Currency to Pay: _____

Dr/Mr/Mrs/Ms: _____

Full Name: _____ Designation: _____
(as per passport)

Organisation: _____

Organisation's Address: _____

Postal Code/Zip: _____ City: _____

Country: _____ Direct Tel: _____

Mobile: _____ Email: _____

VAT: _____
(If applicable)

4. DECLARATION

Please read the following carefully before signing your registration:

- | | |
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| <p>1. I am aware of the conditions of registration of the Programme.</p> <p>2. I am aware of the need for proficiency in the English language, and of mandatory Programme attendance.</p> <p>3. I am aware of and agree to adhere to the Programme requirements in a professional manner.</p> <p>4. I have read, understood and accepted the cancellation and transfer policy.</p> <p>5. I certify that the information given in this registration is complete and accurate to the best of my knowledge.</p> <p>6. I confirm that my private insurance provides coverage for medical care for illness and injury in China while attending the Programme.</p> <p>7. I am aware that I shall not reproduce or distribute lecture materials, in whole or in part, without the prior written permission of the Organiser and/or CD Group.</p> <p>8. I am aware that there is no refund offered by the Organiser and/or CD Group including failing to obtain a valid visa to travel.</p> <p>9. I understand that the Programme fees include tuition, daily lunches and tea breaks, two dinners, tickets to museums and galleries, and course materials. The cost of international travels to and from Shanghai, hotel</p> | <p>accommodation in Shanghai and airport transfers are not covered.</p> <p>10. I understand that changes to the Programme schedule may occur, depending on the availability of resources, including but not limited to a company visit arrangement. I am aware that the Organiser will ensure that this does not affect my overall experience of the Programme.</p> <p>11. I grant the Organiser, CD Group, its agents or assignees the full discretion to use for marketing, PR and educational purposes, any audio-visual material in which I am featured (including my appearance, voice and any content) during my participation in the Programme. This includes but is not limited to still pictures (photography), video and/or audio recordings made during lectures or on the occasion of activities off-venue.</p> <p>12. I give consent to the Organiser and/or CD Group to collect my name and contact particulars and any other such personal data as may be required for the Organiser to properly conduct the Programme.</p> <p>13. I understand that the Organiser and/or CD Group will not be liable for any injury, damage or loss arising from or in connection with the Programme, and I agree to indemnify and hold the Organiser and/or CD Group harmless to the fullest extent permitted by law, from and against any and all claims, loss or damages incurred during the Programme.</p> |
|--|--|

Date: _____

Signature of Registrant: _____