

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

Name of SVF Licensee:	
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Contact person: _____ Telephone no: _____
Email: _____

Nomination:

Name of Representative	Title

Note:

1. Registration will start at 3:10 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.