



BANGLADESH FREIGHT FORWARDERS ASSOCIATION
APPLICATION FORM FOR TRAINING

Date: _____

Name of the Training: Dangerous Goods Regulations

Title: Mr. Ms. Mrs. Dr. Prof.

Name of the Participant: _____

Designation: _____

Name of the Organization: _____

Organization Address: _____

Participant's Personal Information:

Date of Birth: DD / MM / YYYY , Academic Qualification: _____

Mobile: _____, E-mail: _____

Brief Experience: _____

Seal & Signature of Chairman/MD/ Director
Managing Partner/Proprietor

Participant's Signature