|  |
| --- |
| Pls. check **√** for attendance* **Regional Policy Forum on “Financing Micro Small & Medium Enterprises: Solution for Missing Middle”**(08 October 2018, Full day)
* **The 70th APRACA Executive Committee Meeting**(Morning Session, 09 October 2018)
* **Colombo City Tour** (Morning session *(those not attending EXCOM meeting)* 09 October 2018)
* **The 21st APRACA General Assembly** (Afternoon Session, 09 October 2018
* **Field visits** (10 October 2018; Full Day)
 |

***Please complete this form and e-mail to APRACA Secretariat at*** ***thanawan@apraca.org/sofia@apraca.org***

***under copy to*** ***dgmscm@boc.lk/prasun@apraca.org*** ***on or before 10 September 2018***

**1. PERSONAL DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Ms./Mr. /Dr.  | Position: |  |
| Organisation:  |
| Address:  |
| Tel: |  | Fax: |  | E-mail: |  |
| Please tick whether an invitation letter from Bank of Ceylon is needed or not for your visa application. | Yes |  |
| No |  |
| If Yes, please mention the place of Sri Lankan Embassy/Consulate/ High Commission located |  |

# 2. PASSPORT PARTICULARS:*(Prepare separately for accompanying person(s)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | **…………………………………** | **Nationality:** | **…………………………………..** |
| **Date of Birth:** | **…………………………………** | **Place of Birth:** | **…………………………………..** |
| **Gender:** | **…………………………………** | **Passport No:** | **…………………………………..** |
| **Place of Issue:** | **…………………………………** | **Date of Issue:** | **…………………………………..** |
| **Date of Expiry:** | **…………………………………** | **Place to Apply for Visa:** | **…………………………………..** |

# 3. ACCOMPANYING PERSON(s):

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Passport #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. ACCOMMODATION:*(Please see Annexure for details contact for direct booking and Refer Bank of Ceylon event)***

|  |  |
| --- | --- |
| **Name of the Hotels (address details with telephone, fax and Email of contact person is given in the Annex)** | **Room Type and Tariff**  |
| **Standard Deluxe Rooms with Breakfast** |
| **Hotel Hilton, Colombo** (Venue for the Programme)Address : No 2 Sir Chittampalam A Gardiner Mawatha; Colombo 02; Sri Lanka; Tel : +94 11 2544 644; Mob : +94 773 311381; Fax :+94 11 249219; Email: dhanukaranasinghe@hilton.com Website:www.hilton.com | Single Occupancy: 135 USD/night +Taxes @30.28% |
| Double Occupancy: USD155/night+ Taxes @30.28%) |
| **The Kingsbury Hotel;** 48, Janadhipathi Mawatha, Colombo 01, Sri Lanka; Tel :- +94 ( 0) 112 421 221 ; Mob :- +94 (0) 774 782 028; Fax :- +94 (0) 112 447 326  Email :- Shaun@thekingsburyhotel.com  Web :- [www.thekingsburyhotel.com](http://www.thekingsburyhotel.com/) | Single Occupancy: USD145/night (including Taxes ) |
| Double Occupancy: USD155/night (including Taxes ) |
| **Cinnamon Lakeside Hotels**; 77,Galle Road Colombo 03, Sri Lanka; Tel     : +94 (0) 11 2437437 / Ext. 7228; Mob  : +94 (0) 77 7557903; Fax : +94 (0) 11 2449283; Email :Shanika@cinnamonhotels.com; Web : [www.cinnamonhotels.com](http://www.cinnamonhotels.com/) | Single Occupancy: 134 USD/night +Taxes @30.28% |
| Double Occupancy: USD143/night+ Taxes @30.28%) |

**5. FLIGHT DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Flight No. | From - To | Dept. Time | Arr. Time |
|  |  |  |  |  |
|  |  |  |  |  |
| CHECK OUT ON  |  |

**6. FOOD PREFERENCE (**please check**√)**

|  |  |  |  |
| --- | --- | --- | --- |
| * Vegetarian
 | * No Pork
 | * No Beef
 | □No Restrictions |
| * Others:………………………..
 | (Please specify) |