

CONFIRMATION FORM

Mr. Ernest Lin
Secretary-Treasurer, ABA
Fax: (886 2) 2760-7569
E-mail: aba@aba.org.tw

Dear Mr. Lin,

With reference to your invitation for us to participate in the **Microfinance Appreciation Course** on **June 10-11, 2019** in **Makati City, Philippines**, we wish to:

_____ Confirm the participation of our bank in the one-and-a-half- day course, and would like to designate the following as our representative/s (*please add more sheets for additional names*):

Name: _____
Title/Position _____
Department: _____
Telephone number: _____ e-mail address: _____

Name: _____
Title/Position _____
Department: _____
Telephone number: _____ e-mail address: _____

Name: _____
Title/Position _____
Department: _____
Telephone number: _____ e-mail address: _____

Please send us additional information (e.g., course syllabus, accommodation, etc.) as soon as these are available.

:

Sincerely yours,

Date

Signature above Printed Name

Name of Bank

E-mail address