



The Chartered Institute of Logistics & Transport Pakistan

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DIPLOMA IN LOGISTICS & TRANSPORT

Registration Form

Name _____ S/o _____
Organization _____
Position _____
Qualifications _____
Postal Address _____
Tel _____ Cell _____ Fax _____
E-mail _____

Individual applicant

I will pay fee towards three months diploma in Logistics and Transport

Signature of Applicant _____ **Date:** _____

Nomination of Candidate by Employer or Organization

We want to nominate following person(s) to attend the diploma:

Name of Candidate :

1)	_____
2)	_____
3)	_____
4)	_____

Signature: _____ **Stamp:** _____

Our organization will pay training cost and allow him to attend the classes

Note: Please complete applicable portion only