





TSAVO HALL (GROUND) & ABERDARE HALL (LOWER GROUND)
THE KENYATTA INTERNATIONAL CONVENTION CENTRE (KICC)
HARAMBEE AVENUE NAIROBI, KENYA

All information should be filled in English and in BLOCK letters Company name may not be changed once application has been submitted $% \left(1\right) =\left(1\right) \left(1\right)$

Subletting of exhibition space is not allowed Courts in Mumbai shall have jurisdiction

Minimum size of bare space booth allowed is 24 sqm and above.

No modification allowed in shell scheme

			TAKAWIDEE											1112		ricaciói											
Α	THI	E EXHIBITOR (company information)																									
	CO	MPANY NAME																									
	00	III ART ROLL																									
	ΔN	DRESS																									
	,,,,																										
	CIT	Υ																									
	ST	ATE .																									
	CO	UNTRY														P0	STAL	CODE									
			C	COUNT	RY C	ODE	LOCAI	CODE				NU	JMBER					Al	TERNA	TE N	IUMB	ER					
	TEI	LEPHONE																				Т		\Box			
	CONTACT PERSON								SUR	NAME									FI	RST	NAMI	E					
	CO	NTACT PERSON	Dr.	Ms.	Mr.																	Т		\top	Т		
	DE	SIGNATION																				+		_	+		
		AIL ID			_					_											+	+	+	+	+	+	
				COUNTRY CODE				LOCAL CODE				NUMBER							ALTERNATE NUMBER								
	MOBILE / CELL			SSOMINI SOBE				LUCAL CODE				NOTIDEN							ALTERNATE NUMBER					\neg	\neg	\Box	
	COL	RRESPONDENCE ADDRESS (If diff	C 1 . 6							÷				-							÷						
В	CUI	RRESPONDENCE ADDRESS III din	rerent r	rom a	DOV	eJ																					
L	CO	MPANY NAME																				_		_		Ш	
L																						\perp			\perp		
	۸n	DRESS																				\perp			\perp		
	ΑU	DINESS																									
	CIT	Υ																									
	ST	ATE																									
	CO	UNTRY														PO	STAL	CODE									
	TEI	FDUONE	(COUNT	RY C	ODE	LOCAI	LOCAL CODE				NU	NUMBER					AL	ALTERNATE NUMBER								
	TELEPHONE																					Т	Т	П	\top	П	
	CONTACT PERSON								SHP	NAME	-								FI	PST	NAMI	F					
Н				Ms.	Mr.				3010	IVALIL									П	1001	TACTOR OF THE PARTY OF THE PART	_	Т	\top	\top		
	RE	LATIONSHIP WITH EXHIBITOR																				+		+	+	++	
Н		AIL ID			-					_											+	+	+++	+	+	+	
	LIMED			דווווחי	DV C	ODE	LOCAL	LOCAL CODE				MII	NUMBER					ALTEDNATE NUMBER									
H	MOBILE / CELL INVOICE ADDRESS (PLEASE TICK)			COUNTRY CODE LOCAL CODE NUMBER ALT										TERNATE NUMBER													
H					В																		\perp			Ш	
			Α																2125				$\overline{}$	GUELL			
C	51	ALL CHARGES, FEES & DEPOSITS	5 E	BOOTH NUMBER SQM														ВА	ARE		SHE	LL					
	PAI	RTICIPATION FEES		Company GST Number (Mandatory)																							
	CUR	RENCY																									
	C.	1 FEES (IN FIGURES)										C.2	GST @ 18	8% (as a	pplica	ble on d	ate)					T					
TOTAL C1 + C2 (IN FIGURES)																											
	C.	3 TOTAL C1 - C2 (IN1)-(ODDC)																									
		TOTAL C1 + C2 (IN WORDS)																									
	C	4 PAYABLE ON BOOKING										C5	BALANC	E PAYA	BLE B	Y AUGU	ST 1sl	, 2024				Т		\Box	\top		
D		Barticular Oty Stor	rage <u>In</u>	forma	ation	n Round	Chairs	Stan	dard L	.ong	Power	Sock <u>e</u>	et \./	o Pin-	Fas	cia Boa	ard <u>v</u>	vith <u>\</u>	/all to		E	Booth		В	ARE F	PACK	AGE
U					Counter Table			Arm	Spotli	Spotlights (5 AMF)	Wast			mpany name			Wall Carpet								
BE	Sh	ell Scheme Booth 12 -		1		1	5		6		1		1	1		1			Υ			Υ		• P	ırticip	ation f	fees for
SHELL PACKAGE	Sh	ell Scheme Booth 15 -		1		1	5		6		1			1		1			Υ			Υ			are spa pace o		iudes
PA	Sh	ell Scheme Booth 16 -		1		1	5		6		2	2	1	1		2			Υ			Υ		·			
	_	ell Scheme Booth 18 -		1		1	5		6		2	2	1	1		2			Υ			Υ					
SF	Sh	ell Scheme Booth 20 -		1		1	5		7		2	2	1	1		2			Υ			Υ					
Ε	АТ	TACHMENTS CHECKLIST (please	tick app																								
D1		Signed floor plan indicating booth D2	2 Co	py of I	Busir	ness Regn (ertificate	D3	Сору	y of Ta	ax Regn Ce	ertifica	te	D4 Adv	/ance	enclose	d										
D6	Pay	ment details							-																		
D5		We enclose cheque / draft number					Dated						Drawn o	n													
D6		We have transferred the amount and attac	ch herew	ith the	tran	sfer detail:		-				-															
⊢	thori	sed Signatory Name																		T		\top	\Box	\neg	\neg		
																				+							
Au	thori	sed Signature & Company Stamp																Signir	ng Date								
1																											

ADCENTRIC COMMUNICATIONS LIMITED Account Name KES: 2047625303 **Account Number** Bank Name Absa Bank Kenya Branch Harambee Avenue Branch Bank Code 003 **Branch Code** 130 Swift Code BARCKENX MPESA Paybill No. 303030

Please complete and return this booking form (consisting of two pages) to the address mentioned below. The form must be signed by an authorised signatory of the company and the seal of the company must be affixed. Please make sure to keep one copy of the Contract for your files.

Organised by





Regd. Office: ISEEVENTUS PVT. LTD. (CIN: U74999MH2019PTC327055)

A303, Galleria, Hiranandani Gardens, Powai, Mumbai 400076, India

GET IN TOUCH GOR OGUTU

