

MAPS Agreement

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 - ii. Course date and location (city and country)
 - iii. List containing participant's names, contact numbers and valid email addresses.
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SUBMITTED BY THE UNDERSIGNED for acceptance on the date stated below.

CUSTOMER

Signed: 
Authorised Signature

Name: Reem Khalid Zaid Al Musailim

Title: _____

Date: 1 Nov. 2020

Company Name: _____

Address: Kuwait, Ardiya, Block3, St.4 , House 40

City,: Kuwait

Alpha Training UK Limited

Signed: _____
Authorised Signature

Name: Dr Mohammed Tikrity

Title: Director

Date: _____

Acct.# _____