



Participation form

➤ Details of Participant (1)

Surname	
Name	
Grade	
School/ Institution	
Residential Address	
Phone Number	
Email Address	
Name of responsible party	
Signature of responsible party*	

* For minors only

➤ Details of Participant (2) – *If any*

Surname	
Name	
Grade	
School/ Institution	
Residential Address	
Phone Number	
Email Address	
Name of responsible party	
Signature of responsible party*	

* For minors only

The duly filled participation form should be forwarded via mail cviollette@icac.mu or by post to: **The Director, Corruption Prevention and Education Division, ICAC, Réduit Triangle, Moka by Thursday 05 March 2020.**