

**SEMINAR INVITATION**

You are cordially invited to attend a seminar on **Current and Upcoming Regulatory and AML Issues for CIFs**, organized by The Association of Cyprus International Investment Firms (ACIIF) and the European Institute of Management and Finance (EIMF) at the **Ajax Hotel** in Limassol, on the **8th of December 2016.**

6:00 pm Arrival and Coffee

6:15 pm **Welcome and introductions** from the ACIIF Board

6:20 pm **Current and future regulatory issues involving CIFs**, Mrs Demetra Kalogerou, CySEC Chairwoman

6:50 pm **The 4th AML Directive and its impact on the Sector**, Mr. George Markides, Regulatory Consultant

7:20 pm Q&A and discussion

7:30pm End of Seminar

During this seminar you will have an opportunity to discuss current issues and future updates relating to the Cyprus Investment Firms. A certificate of attendance will be provided for CPD purposes upon request.

Seminar fee: € 50 + VAT. ACIIF members: Free

Please complete registration form and email info@eimf.eu or fax 22274475



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| **Seminar Title:** Current and Upcoming Regulatory and AML Issues for CIFs (organized by EIMF and ACIIF) | | | | | | | | |
| **SECTION 1 – PARTICIPANT(S) PERSONAL DETAILS** | | | | | | | | |
| Last Name: | | | First Name: | | | | | Title: |
| Position: | | | E-mail: | | | | | |
| Last Name: | | | First Name: | | | | | Title: |
| Position: | | | E-mail: | | | | | |
| Last Name: | | | First Name: | | | | | Title: |
| Position: | | | E-mail: | | | | | |
| Last Name: | | | First Name: | | | | | Title: |
| Position: | | | E-mail: | | | | | |
| **SECTION 2: COMPANY DETAILS** | | | | | | | | |
| Authorized Representative: | | | | | | | | Title: |
| Company: | | | | | Position: | | | |
| Business Address: | | | | | | | | |
| Tel: | | Fax: | | | | E-mail: | | |
| By submitting this form:  I understand and accept the terms and conditions | | | | Signature: | | | | |
| Date of Booking: | | | | |
| **SECTION 3 : PAYMENT DETAILS** | | | | | | | | |
| Number of Participants: | Fee per participant: € | | | | | | Total Net Fee: € | |
| Please indicate whom to invoice Company Individual | | | | | | | | |
| **Terms and Conditions**  An invoice will be sent upon receipt of registration form. Cancellations made within five (5) working days prior to the start date of the seminar will be liable for the full fees. | | | | | | | | |

**PLEASE EMAIL AT** [**info@eimf.eu**](mailto:info@eimf.eu) **OR FAX AT 22274475**