



BARBADOS INSTITUTE OF MANAGEMENT AND PRODUCTIVITY

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CONFIRMATION OF ATTENDANCE FORM

Name of Student:

Address 1:

Address 2:

Contact Numbers:

H)

W)

C)

Email Address:

Please indicate below the Institution/Organisation to whom the letter should be addressed:

Name of Institution/Organisation:

Address:

Name of Recipient:

Job Title of Recipient:

Signature:

Date:

Information:

1. A fee of **\$10.00** is charged per request.
2. All fees are payable to: **BIMAP**
3. Fees **MUST** be paid upon making request for processing to commence.
4. Please allow **three (3)** business days for processing.

FOR OFFICIAL USE ONLY

PAYMENT INFORMATION

Amount Paid: \$

Cash

Cheque

Receipt No:

Debit Card

Credit Card

Date Paid:

Cashier's Signature: