

Academy of Certified Human Resource Professionals Ltd.

Regus Suites, I&M Tower, 15th Floor, Kenyatta Avenue,

P. O. Box 18582 - 00100, Nairobi, Kenya.

1 +254 700 722 522 | **3** +254 722 300 245.

NITA: NITA/TRN/1234

IHRM: C00259

Legal and Regulatory Compliance Training

Date	Time	Duration	Venue	CPD	Cost (Excl. VAT)PP
1st Oct, 2025	2:00 PM-5:00 PM	3 Hour(s)	Zoom, Online	1	1,500.00

Course Overview

Course Objectives

By the end of this program, participants will be able to;

Target Groups

This training is suitable to a wide range of professionals but will greatly benefit;

- HR Professionals
- HR Generalists aiming to specialize in HR auditing.
- HR Managers transitioning to advanced auditing roles.
- Professionals seeking certification as Human Resource Auditors.
- · Internal Auditors focusing on HR compliance and risk.

Video Link(s)

Module Title	Video Link
Legal and Regulatory Compliance	https://www.youtube.com/watch?v=5Z0FI7hfZg4

DenPHGathitu

CHRP. Den PN Gathitu Secretary General

Academy of Certified Human Resource Professionals



To;

Academy of Certified Human Resource Professionals Ltd.

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P. O. Box 18582 - 00100, Nairobi, Kenya.

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admin@achrp.org | https://achrp.org

DATE: 26:12:2025

NITA: NITA/TRN/1234 IHRM: C00259

PROFORMA INVOICE

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1	Legal a	Legal and Regulatory Compliance					240.00	1,740.00				
GRO	SS (KES)	: One Thousand S	'		1,740.00							
PARTICIPANT(S) DETAILS												
NO.	NO. NAME		EMAIL ADDRESS			TELEPHONE						
PAYN	PAYMENT DETAILS											
M-PESA Pay Bill No: 247247 Account No.: 300245 Amount: KES 1,740.00												
BAN	ANK NAME ACCOUNT NAME				ACCOUNT NUMBER							
Equity Bank Academy of Certif			ified Human Resource Professionals Lt			d	1 2 9 0 2 7 1 2 4 5 7 5 3					
Bank Branch: Kenyatta Avenue Branch Code: 129 Swift Code: EQBLKENA							e: EQBLKENA					
FUNDING CONFIRMATION / TAX DETAILS												
I, the undersigned, confirm that funds are available for the above training.												
Name of Organization:												
Org. KRA PIN: Org. Mobile No.:												
Confirmed By:												
Confi	rmed By:		•••••	Po	sition:	•••••	•••••					
Signature: Date & Stamp:												
NOTE THAT.												

1. Full payment is expected to be received prior to the event

2. Only those Delegates whose fees have been paid in full will be allowed to the event 3. Send a scanned copy of the duly completed Nomination Form to admin@achrp.org

Email the payment advice with this duly filled, signed, and stamped form to admin@achrp.org

4. The above training Cost does not include Transport & Accommodation