



## Blue Ocean Strategy - Module I Training

| Date           | Time             | Duration  | Venue  | CPD | Cost (Excl. VAT)PP |
|----------------|------------------|-----------|--------|-----|--------------------|
| 19th Sep, 2020 | 8:30 AM-11:30 AM | 3 Hour(s) | , Zoom | 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;

### Video Link(s)

| Module Title | Video Link |
|--------------|------------|
|--------------|------------|

**CHRP. Den PN Gathitu**

**Secretary General**

**Academy of Certified Human Resource Professionals**



Academy of Certified Human Resource Professionals Ltd.

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IHRM: C00259

NITA: NITA/TRN/1234

DATE: 20:10:2025

PROFORMA INVOICE

Invoice To:

Organization Name:.....

Phone Number:.....

Email Address:.....

| QTY                                     | DESCRIPTION                             | NET (KES) | VAT (KES) | GROSS (KES) |
|-----------------------------------------|-----------------------------------------|-----------|-----------|-------------|
| 1                                       | Blue Ocean Strategy - Module I Training | 1,500.00  | 240.00    | 1,740.00    |
|                                         |                                         |           |           |             |
|                                         |                                         |           |           |             |
|                                         |                                         |           |           |             |
| GROSS: One Thousand Seven Hundred Forty |                                         |           |           | 1,740.00    |

\*\*\*PAYMENT DETAILS\*\*\*

Pay Bill No: 247247 Account No.: 300245 Amount: KES 1,740.00

Bank Name: Equity Bank  
Bank Account Name: Academy of Certified Human Resource Professionals Ltd  
Bank Branch: Kenyatta Avenue  
Bank Physical Address: Kenyatta Avenue  
Bank Account Number: 1 2 9 0 2 7 1 2 4 5 7 5 3

Nomination Authorization & Funding Confirmation

Organization KRA PIN: .....

Contact Person: .....

Position: .....

Signature: .....

Date: .....

Email the duly completed document to [admin@achrp.org](mailto:admin@achrp.org)