



22 August, 2017.

TO: ALL MEMBERS
MEMBERS OF THE CYPRUS-CHINA BUSINESS ASSOCIATION

Dear Members,

URGENT

SUBJECT: BUSINESS FORUM IN HONG-KONG

7-11 November, 2017

The Cyprus Chamber of Commerce and Industry and the Cyprus-China Business Association, in cooperation with the Ministry of Energy, Commerce, Industry and Tourism, are organizing the above seminar, with the sole purpose of promoting Cyprus as an International Business & Services Center. The Preliminary itinerary is as following:

| 7/11/2017 | Departure for Hong-Kong |
|------------|--|
| 8/11/2017 | Arrival in Hong-Kong |
| 9/11/2017 | Seminar in Hong-Kong |
| 10/11/2017 | Day free or Business Meetings |
| 11/11/2017 | Departure (late in the evening) for Cyprus |

The forum will mainly deal with the Professional Services Sector (audit, accounting, legal and fiduciary) and the Tourism Sector.





-2-

Interested members should fill in the enclosed participation form and return it till 31/10/2017 accompanied by a cheque of 300 euros for CCCI Members and 400 euros for non members (drawn on the name of the Cyprus Chamber of Commerce and Industry), or by deposit in one of the following accounts:

BANK OF CYPRUS ACCOUNT NUMBER HELLENIC BANK ACCOUNT NUMBER

0194-12-006537 121-01-013924-01

Feel absolutely to call me any time at 97-889949 or 22-889719.

Yours sincerely,

A. S. Nathanael
Director
Cyprus-China Business Association

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Important Note:

Please note that since we live in a tumultuous world, all members who decide to travel with the arrangements made by the Cyprus Chamber of Commerce and Industry and the Cyprus-China Business Association, will be insured against the very remote possibility that flights will be cancelled etc.

All members who choose to do their own travel arrangements, will not be covered by the above arrangement, and are strongly advised to proceed and make such an insurance.





SIGNATURE

PARTICIPATION FORM BUSINESS FORUM HONG-KONG 7-11 NOVEMBER, 2017

| NAME OF COMPANY: | |
|-------------------------------|---------------|
| NAME OF INTERESTED PERSON: | |
| | |
| ADDRESS: | |
| P.O.BOX: PO | ST CODE/TOWN: |
| TELEPHONE: | FAX: |
| E-MAIL: | |
| WEB-SITE: | |
| COMPANY ACTIVITY: | |
| AREA OF INTEREST FOR COOPERAT | TION |
| EXPORTS/IMPORTS (specify): | |
| | |
| JOINT-VENTURES (specify): | |
| - | |
| | |
| | |
| | |
| | |
| DATE | SIGNATURE |

Please fill in the enclosed form P.O.Box 21455, 1509 Nicosia, Fax. 22668630, E-mail. stavri@ccci.org.cy