



REGISTRATION FORM

Part I

Name Of U	Jniversity	
Faculty/Scl	hool	
	ial media handles cebook/LinkedIn)	
Contact Person	Name	Post/Title
	Phone Number/s	Email

Part II

Full Name	Title/Status	Gender	Degree and year of study
Coach			
First Mooter			
Second Mooter	r		
Researcher			

Remarks

- a) Kindly make sure there is no spelling or typographical error for the names as it will be reflected on the certificate (requests to amend the certificate post-Competition will not be entertained).
- **b)** Please refer to Article 4 and 5 of the moot competition rules to complete this Registration Form.
- c) The email address will serve for direct communication between the delegation and Secretariat of the Competition.
- d) Information provided in Part (I) and Part (III) will be used for documentation and preparation of awards, where necessary. Please ensure the appropriateness and accuracy of such information.

Team Coach / Contact Person Declaration:

- a) I attest to all information as stated in this registration form, especially the above declaration made by the team.
- b) I hereby confirm that the organizing body can make use of the above information for publication of participation list and issuance of certificates and agree to accept the penalty of disqualification for the entire team to participate in the upcoming Unwanted Witness Privacy Moot Court Competition should false declaration be made.
- c) On behalf of the team, I also give permission for the organizing body to make use of photos to be taken during the event for its future publication and promotion purposes.

Date:	
-------	--

Name:
(Team Coach / Contact Person)

Signature:

Please send to (by email): Secretariat (info@unwantedwitness.org) on or **before 23:59 Hours Friday** 25th April, 2025.





 @maccolor #UWPrivacyMoot2025 #UnwantedWitness