



**REGISTRATION FORM**

**Name:**.....

**Gender: Male/Female:** .....

**Date of Birth:**..... **Tel:**.....

**Nationality:**.....

**Residential Address:**.....

**Email Address:**.....

**Level of Education:**.....

**Place of Work/Position:**.....

**Signature:**.....

**NB: Fees paid are not returnable.**

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**OFFICIAL USE ONLY**

**Amount received (In words):**.....

**Amount Received (In Figures):**.....

**Officer in Charge:**.....

**Officer's Signature:** .....