

EDUTRAINING BUSINESS COLLEGE SKILLS REGISTRATION FORM



Accreditation No: LGRS-1375-160106

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SURNAME											FIRST NAMES														
ID NO																						GENDER			
POSTAL ADDRESS											PHYSICAL ADDRESS														
CODE											CODE														
CELLNO											E-MAIL														
OCCUPATION											HIGHEST QUALIFICATIONS														
COURSE(S) APPLIED FOR		1															Course Fee								
		2															Course Fee								
DEPOSIT							BALANCE						SETTLEMENT (X)	Month 1						Month 2					
		TRAINING DATES											VENUE												

Applicant (Signature)

Date

