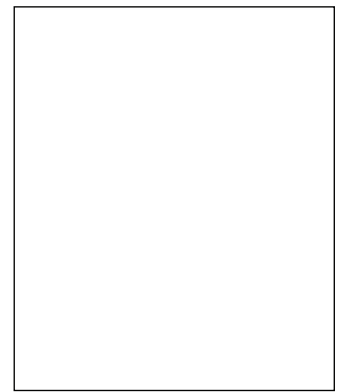




Adabraka , Opposite Coral paint
+233(0)546819393/+233(0)501796226
hello@thefashionnest.io



PROGRAM APPLIED FOR:.....

PERSONAL INFORMATION

NAME (IN BLOCK CAPITALS)

MR./MRS./MISS.....

(SURNAME)

(FIRST NAME)

(MIDDLE NAME)

DATE OF BIRTH :

NATIONALITY : HOMETOWN :

REGION :

STATE ANY PHYSICAL DISABILITY:.....

GHANA POST GPS #:.....

TELEPHONE NUMBER :

EMAIL :

(EMERGENCY CONTACT) NAME :

RELATION:..... MOBILE NUMBER:

.....

PREVIOUS EDUCATION

NAME OF SCHOOL OR INSTITUTION	DATE OF ATTENDANCE

INTERESTS AND HOBBIES :

.....

.....

I HEREBY DECLARE THAT THE ABOVE PARTICULARS ARE, TO THE BEST OF MY KNOWLEDGE , GENUINE AND AUTHENTIC

DATE

SIGNATURE OF APPLICANT

I HEREBY DECLARE THAT PHOTOGRAPH BY ME IS THE TRUE IMAGE AND LIKENESS OF MR ./MRS ./MISS WHO IS PERSONALLY TO ME . I HAVE INSPECTED THE CERTIFICATES SUBMITTED BY THE APPLICANT WHICH TO THE BEST OF MY KNOWLEDGE IS GENUINE.

NAME : STATUS:.....

ADDRESS

DATE :

SIGNATURE :

NOTE :

FEES ARE TO BE PAID IN TWO INSTALLMENTS, THE FIRST HALF FOR THE COMMENCEMENT OF THE PROGRAM AND THE SECOND HALF BY THE THIRD MONTH INTO THE PROGRAM. ALL COPIES OF CERTIFICATES MUST BE ATTACHED TO THE APPLICATION FORMS AND SUBMITTED FOR THE COMMENCEMENT OF THE PROGRAM. FEES MUST BE PAID THROUGH BANKER'S DRAFT.

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY!

FEES PAID	
RECEIPT NUMBER	
RECEIPT DATE	
BALANCE	
CASHIERS SIGNATURE AND STAMP	

THANK YOU FOR YOUR CO-OPERATION.