



INSTITUTE OF BUSINESS AND MANAGEMENT STUDIES RC: 310,298

(Management and Human Resources Development)

Accredited by: COLUMBUS INTERNATIONAL UNIVERSITY, UK.

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Application for Registration as a Member/Student

- 1) Full Name (Print in Capitals Letters)
SURNAME FIRST (If names have changed please enclose evidence of this)
- 2). Sex: Male/Female:
- 3). Date of Birth:
- 4). Postal Address:
- 5). Cell Phone:
- 6). E-mail Address:
- 7). Marital Status: Single / Married
- 8). Qualification with Dates:

Qualifications:	Institutions	Date
(i)		
(ii)		
(iii)		

(PLEASE ATTACH PHOTOCOPIES)

9. a). Name of Employers:
- b). Nature of Business:
- c). Post Occupied by applicant:
- d). Course/Class of Membership required:

10).DECLARATION BY APPLICANT

Ihereby declare that the information given in this form is correct and that I agree to abide by rules and regulations of the Institute. I also agree to pay all fees and levies approved by the Council of the Institute; I attach hereto photo copies of my credentials.

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Signature of Applicant