



KINGDOM BIBLE SCHOOL OF MINISTRY – APPLICATION FORM

STUDENT INFORMATION

Surname:

First Name:

Marital status:

Spouse's Name:

Home Address:

Postal Address: P.O. Box

Course / Year Being Applied For:

Identity Number / Passport Number:

Nationality:

Occupation:

Company Employed By:

Cellphone Number:

Work Telephone Number:

E-mail Address:

Do you attend a church? YES/NO If yes, State name of the church and Names of the Pastors: _____

Church Telephone Number: _____

GENERAL INFORMATION

What is the highest qualification that you have passed and are there any other courses you have studied?

Briefly outline what you expect to gain from joining KBSM.

I hereby grant KBSM permission to appropriately process the above-mentioned information.

NB: And I undertake to pay all charges related to my education when arise.

NB: Forms must be complete with identification. Incomplete applications will not be considered.

_____ Date

_____ Signature