## **PROFESSIONAL EDUCATION**

| NAME OF INSTITUTIONS | CERTIFICATES | YEAR |
|----------------------|--------------|------|
|                      |              |      |
|                      |              |      |
|                      |              |      |

## CISCM/B.SC AND MBA DEGREE PROGRAMMES

| Please tick the course you wish to apply for:-  B.Sc. Purchasing & Supply Management  B.Sc. Business Administration & Management  MBA/MSC Logistics and Supply Chain Management  Others   |   |  |
|---|---|--|
| I Mr/Mrs/Missall the information supplied on this form are co<br>regulations regulating the professional examin   | rrect and that I bind myself to the rules and   |  |
| SignatureApplicant's  | Date  |  |
| RECOMMENDATION  |   |  |
| Referees (must be a member of the following professional in   | nstitutions: ACIWM, ACIA, ACA, CIPS, ACISM.CIS) |  |
| MR/MRS/MISS   |   |  |
| CONTACT ADDRESS:  |   |  |
|   |   |  |
| OCCUPATION:   | POSITION:                                       |  |
| INSTITUTE DESIGNATORY FELLOW / FULL MEMBER  | / ASSOCIATE: NO:                                |  |
| PHONE NUMBER:   | MOBILE:   |  |
|   |   |  |
| Referee's sign  | Date  |  |
| COMPLETED FORM MUST BE SUBMITTED WITH THE FOLLOWING  (a) 2 Passport Photographs (b) Potocopy of certificate (c) 2 (two) self addressed stamped envelopes (d) Photocopy of the Bank Teller |   |  |
| BANK DETAILS:   |   |  |
| ALL PAYMENTS SHOULD BE MADE TO "FORTUNE BUSINE  | SS SCHOOL" WITH THE FOLLOWING ACCOUNT DETAILS   |  |
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| All correspondences sh  | iouia de addressed to:                          |  |

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