



RC: 663458

The Executive Business School

Colour
Passport
Photograph

Please fill all sections in BLOCK CAPITALS using black ink for clarity and ease of copying and return to EBS at:
2nd Floor, NACCIMA HOUSE, 8A Oba Akinjobi Road, GRA, Ikeja-Lagos. Tel: 01-7414946, 01-7612221, 07030821555-7

ACCA Student

Please do not write in any shaded boxes

* Delete as necessary

ACCA Reg. No:

1. Personal Details

Surname:		Title: *Mr/Mrs/Ms/Dr/Others
First Name:	Middle Name:	
Date of Birth (Day/Month/Year (eg 23/04/60)):	Previous Surname:	
Nationality:	State of Origin	

2. Sponsor's Details: Please note that your sponsor will be notified periodically of your academic performance

Who is expected to pay your fees?	Name:
Address:	
Relationship:	Telephone No:

3. Contact Address: Please indicate below the paper you want to take:

P O Box	F1	Accountant in Business (AB)	
	F2	Management Accounting (MA)	
	F3	Financial Accounting (FA)	
	F4	Corporate & Business Law (CL)	
	F5	Performance Management (PM)	
	F6	Taxation (TX)	
	F7	Financial Reporting (FR)	
	F8	Audit & Assurance (AA)	
	F9	Financial Management (FM)	
Telephone Number	P1	Professional Accounting (PA)	
	P2	Corporate Reporting (CR)	
	P3	Business Analysis (BA)	
Fax Number	P4	Adv Financial Management (AFM)	
	P5	Adv Performance Management (APM)	
	P6	Adv Taxation (ATX)	
E-mail Address	P7	Adv Audit & Assurance (AAA)	

Form Fee (Receipt No):	Lectures Fee (Receipt No):	Total No of Subject(s):
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How did you find out about EBS/ACCA Tutorials?

Please tick as applicable: <input type="checkbox"/> School/College <input type="checkbox"/> Friends/Family <input type="checkbox"/> EBS Student (Name)	<input type="checkbox"/> Advertisement (Name of Newspaper) <input type="checkbox"/> EBS Staff (Name) <input type="checkbox"/> Others (Specify)
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PLEASE ATTACH COPY OF PAYMENT RECEIPTS

5. Educational Institutions attended (excluding Primary School)

	Name of School, Polytechnic or University	Qualification	From		To	
			Month	Year	Month	Year
1						
2						
3						
4						
5						

6. Work Experience: Detail of current work place

Name & Location of Organisation	Position/Job Title	Type of work/duties	From		To	
			Month	Year	Month	Year

8. Criminal Convictions

Do you have any criminal records? **Yes/No***

9. Applicant's Declaration

I confirm that the information given on this form and in any accompanying documents is true, complete and accurate. I have not omitted any information requested or other material information. I accept that, should this prove not be the case, the EBS reserves the right to cancel my application and I shall have no claim against it in relation thereto. I give consent to the processing of my data by EBS and any other organisation which has a statutory right to receive any of it.

Applicant's signature: _____ Date: _____

10. Reference

Reference for (Name of applicant): _____

Name of Referee: _____

Post / Occupation / Relationship to Applicant: _____

Name of Institution / Organisation: _____

Address: _____

Telephone: _____ Fax: _____ e-mail: _____