



GENTILITYBASE TECHNOLOGY LIMITED

63, SAW MILL ROAD, IDOKPA AUCHI ROAD,
BENIN CITY, EDO STATE.

REGISTRATION FORM



NAME:

DATE OF BIRTH: AGE:

STATE OF ORIGIN: NATIONALITY:

PRESENT ADDRESS IN FULL:

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DURATION: DATE OF RESUMPTION:

AMOUNT: INITIAL DEPOSIT:

BALANCE:

I..... Declare that I will abide by the rules and regulations that govern the institution that the institute as right to expel me from learning, if I disobeys the rules and regulations governing the institution without refund of fees paid. I admit that I am in my right senses and I was not induce/coerce or force to be in agreement with the terms and condition stated. I or my parent/Guardians will be held responsible for any damage or misshapen in cause to the above name establishment properties. I append my signature under to validate this Admission Form.

.....
APPLICANT SIGN/DATE

.....
MANAGEMENT SING/DATE