



**CLIENT REGISTRATION FORM**

PLEASE TYPE OR PRINT WITH BLACK INK  
Please indicate your name as it appears on your Passport.

**(PLEASE PAY A NON-REFUNDABLE REGISTRATION FEE OF 300 CEDIS AFTER FILLING FORM)**

**PERSONAL INFORMATION**

Mr.  Mrs.  Ms.  Other .....  Male  Female                      Date of Registration.....20.....

First Name: .....Last Name: ..... Address: .....

Telephone.....Email: .....

**EMERGENCY CONTACT AND ADDRESS**

In case of emergency, please contact ..... Contact.....

Occupation\_.....Company Name\_.....

Marital Status:.....Spouse Name:.....Spouse Contact .....

**PASSPORT DETAILS**

Participant's Passport Name\_ ..... Passport Number .....

Date of Issue ..... Date of Expiry ..... Place of Birth .....

Date of Birth: .....

Name of Applicant: .....

Name of Consultant: .....

Date: .....

Date: .....

Sign/Thumb Print: .....

Signature/Stamp: .....

