

APPLICATION FORM

**ATTACH TWO
PASSPORT SIZE
PHOTOS**

Admission No:

Serial No:

INSTRUCTIONS

Please read the details carefully on the form and complete both sides in CAPITAL Letters

- Attach copies of your certified copies of certificates
- Attach a copy of your I.D
- Complete all sections and return the forms together with the non refundable fees of Kshs 500.

PERSONAL DETAILS

Names in Full: Surname		Other name (s)	
Date of Birth: (MM)	DD	YY	Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality:		I.D or Passport No	
Mobile:		Email:	
Postal Address:	Code	Town	

NAME OF KIN/GUARDIAN /CONTACT PERSON INCASE OF AN EMERGENCY

Name:	Relationship:
Tel:	P.O. Box

EMPLOYMENT DETAILS (IF APPLICABLE)

Company's Name:	Position Held:	
Postal Address	Code	Town
Mobile:	Email:	

HOW DID YOU KNOW ABOUT EACFFPC Course (Please tick one)

Newspaper <input type="checkbox"/>	TV/Radio <input type="checkbox"/>
Friend <input type="checkbox"/>	Social Media <input type="checkbox"/>
Others _____	

ACADEMIC AND PROFESSIONAL QUALIFICATION (Attach certified copies of your certificates)

NAME OF THE INSTITUTION	FROM	TO	QUALIFICATION OBTAINED

EMPLOYMENT HISTORY (Start with the most current)

Organisation	Position	From	To

REGISTRATION DETAILS

a) Course applying for _____

b) Semester _____ Mode of study: Day Evening Weekends

c) Campus: Nairobi Mombasa

d) How do you intend to finance your study?
Self sponsored Company sponsored Others _____

DECLARATION

I certify that the information I have provided is correct

Signature _____ Date _____

**SECTION H
FOR OFFICIAL USE ONLY**

Recommendation of Department ACCEPT REJECT

Reason(s) for rejecting application _____

Approved

Course: _____ Amount payable _____

Principal Name: _____ Date: _____ Signature _____

FEES PAYABLE TO:
The National Bank of Kenya
A/C NO: 01023015000900 Branch: Times Tower Branch
Account Name: Kenya School of Revenue Administration
NB: Indicate the correct admission number and names on the deposit slips.

